

ORIGINAL 14-021

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT

RECEIVED

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

MAY 22 2014

This Section must be completed for all projects.

HEALTH FACILITIES &  
SERVICES REVIEW BOARD**Facility/Project Identification**

Facility Name:	Northwest Community Hospital		
Street Address:	800 West Central Road		
City and Zip Code:	Arlington Heights, IL 60005		
County:	Cook	Health Service Area	7
		Health Planning Area:	A-07

**Applicant /Co-Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Northwest Community Healthcare
Address:	800 West Central Road, Arlington Heights, Illinois 60005
Name of Registered Agent:	Stephen O. Scogna
Name of Chief Executive Officer:	Stephen O. Scogna
CEO Address:	800 West Central Road, Arlington Heights, IL 60005
Telephone Number:	847-618-5018

**Type of Ownership of Applicant/Co-Applicant**

<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	Other
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental		
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship		

- 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.

**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:	Brad Buxton
Title:	Vice President, Strategy & Business Development
Company Name:	Northwest Community Healthcare
Address:	800 West Central Road, Arlington Heights, IL 60005
Telephone Number:	847-618-5020
E-mail Address:	bbuxton@nch.org
Fax Number:	847-618-5009

**Additional Contact**

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

Name:	Ralph Weber
Title:	Consultant
Company Name:	Weber Alliance
Address:	920 Hoffman Lane, Riverwoods, IL 60015
Telephone Number:	847-791-0830
E-mail Address:	rmweber90@gmail.com
Fax Number:	

**Post Permit Contact**

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

Name:	Wendy Rubas
Title:	Vice President and General Counsel
Company Name:	Northwest Community Healthcare
Address:	800 West Central Road, Arlington Heights, IL 60005
Telephone Number:	847-618-5006
E-mail Address:	wendy.rubas@nch.org
Fax Number:	847-618-5009

**Site Ownership**

[Provide this information for each applicable site]

Exact Legal Name of Site Owner:	Northwest Community Hospital
Address of Site Owner:	800 West Central Road, Arlington Heights, Illinois 60005
Street Address or Legal Description of Site:	<b>Proof of ownership or control of the site is to be provided as Attachment 2. Examples of proof of ownership are property tax statement, 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.</b>
<b>APPEND DOCUMENTATION AS ATTACHMENT-2, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**Operating Identity/Licensee**

[Provide this information for each applicable facility, and insert after this page.]

Exact Legal Name:	Northwest Community Hospital		
Address:	800 West Central Road, Arlington Heights, Illinois 60005		
<input checked="" type="checkbox"/>	Non-profit Corporation	<input type="checkbox"/>	Partnership
<input type="checkbox"/>	For-profit Corporation	<input type="checkbox"/>	Governmental
<input type="checkbox"/>	Limited Liability Company	<input type="checkbox"/>	Sole Proprietorship
		<input type="checkbox"/>	Other
<ul style="list-style-type: none"> <li>○ Corporations and limited liability companies must provide an Illinois Certificate of Good Standing.</li> <li>○ 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.</li> <li>○ <b>Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.</b></li> </ul>			
<b>APPEND DOCUMENTATION AS ATTACHMENT-3, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**Organizational Relationships**

Provide (for each co-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.**

**Flood Plain Requirements**

[Refer to application instructions.]

Provide documentation that the project complies with the requirements of Illinois Executive Order #2005-5 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](http://www.FEMA.gov) or [www.illinoisfloodmaps.org](http://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 #2005-5 (<http://www.hfsrb.illinois.gov>).

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 1110.40 and Part 1120.20(b)]

Part 1110 Classification:

- Substantive  
 Non-substantive

## 2. Narrative Description

Provide in the space below, 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.

Northwest Community Healthcare and Northwest Community Hospital (NCH) propose to establish a 17-bed Comprehensive Physical Rehabilitation service on the 3rd floor of the original hospital building at 800 West Central Road. This building is now referred to as the North Tower. The floor formerly housed a medical/surgical unit, which will be modernized for conversion to an inpatient rehabilitation unit.

NCH has selected RehabCare, a wholly owned division of Kindred Healthcare, a company based in Louisville, a post acute management organization which provides program management and therapy services for hospitals through hospital rehabilitation units, outpatient rehabilitation programs, skilled nursing units and medical/surgical therapy services, as a partner in setting up and managing the unit. NCH will work with RehabCare which will bring its over 30 years experience in establishment and operation of over 105 Comprehensive Physical Rehabilitation programs across the United States, combining the clinical strengths of NCH with RehabCare's expertise. Currently, RehabCare has set up and/or operates seven Comprehensive Physical Rehabilitation units at Illinois hospitals.

The project will convert medical/surgical rooms to 17 single occupancy rehabilitation rooms. Other space on the floor will be modernized to provide a PT/OT gym, a patient dining area that will also service as an activity room, a PT/OT therapy work station, and other functions in support of the rehabilitation service.

The project will have the following impact on Northwest Community Hospital's bed count:

- Addition of 17 inpatient rehabilitation beds as a new category of service.
- Reduction of 24 medical/surgical beds, reducing NCH's medical/surgical bed capacity from 336 beds to 312 beds.

The anticipated completion date of the project is September 1, 2015.

Total project cost is \$3,040,000.

The project is classified as substantive due to the fact that it proposes to establish a new category of service.

**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 equal.

<b>Project Costs and Sources of Funds</b>			
<b>USE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Preplanning Costs	\$ 31,568	\$ 0	\$ 31,568
Site Survey and Soil Investigation			
Site Preparation			
Off Site Work			
New Construction Contracts			
Modernization Contracts	\$ 1,828,210	\$ 96,222	\$ 1,924,432
Contingencies	\$ 182,400	\$ 9,600	\$ 192,000
Architectural/Engineering Fees	\$ 182,400	\$ 9,600	\$ 192,000
Consulting and Other Fees	\$ 75,600	\$ 4,400	\$ 80,000
Movable or Other Equipment (not in construction contracts)	\$ 579,922	\$ 25,078	\$ 605,000
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	\$ 14,000	\$ 1,000	\$ 15,000
Acquisition of Building or Other Property (excluding land)			
<b>TOTAL USES OF FUNDS</b>	\$ 2,894,100	\$ 145,900	\$ 3,040,000
<b>SOURCE OF FUNDS</b>	<b>CLINICAL</b>	<b>NONCLINICAL</b>	<b>TOTAL</b>
Cash and Securities	\$ 2,894,100	\$ 145,900	\$ 3,040,000
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages			
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
<b>TOTAL SOURCES OF FUNDS</b>	\$ 2,894,100	\$ 145,900	\$ 3,040,000
<b>NOTE: ITEMIZATION OF EACH LINE ITEM MUST BE PROVIDED AT ATTACHMENT-7, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

**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	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Purchase Price: \$	_____	
Fair Market Value: \$	_____	

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 \$ \_\_\_\_\_ 4,509,592 .

**Project Status and Completion Schedules**

<b>For facilities in which prior permits have been issued please provide the permit numbers.</b>	
Indicate the stage of the project's architectural drawings:	
<input type="checkbox"/> None or not applicable	<input type="checkbox"/> Preliminary
<input checked="" type="checkbox"/> Schematics	<input type="checkbox"/> Final Working
Anticipated project completion date (refer to Part 1130.140): <u>September 1, 2015</u>	
Indicate the following with respect to project expenditures or to obligation (refer to Part 1130.140):	
<input type="checkbox"/> Purchase orders, leases or contracts pertaining to the project have been executed.	
<input type="checkbox"/> Project obligation is contingent upon permit issuance. Provide a copy of the contingent "certification of obligation" document, highlighting any language related to CON Contingencies	
<input checked="" type="checkbox"/> Project obligation will occur after permit issuance.	
<b>APPEND DOCUMENTATION AS ATTACHMENT-8, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>	

**State Agency Submittals**

Are the following submittals up to date as applicable:
<input checked="" type="checkbox"/> Cancer Registry
<input checked="" type="checkbox"/> APORS
<input checked="" type="checkbox"/> All formal document requests such as IDPH Questionnaires and Annual Bed Reports been submitted
<input checked="" type="checkbox"/> All reports regarding outstanding permits
<b>Failure to be up to date with these requirements will result in the application for permit being deemed incomplete.</b>

**Cost Space Requirements**

Provide in the following format, the department/area **DGSF** or the building/area **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 department's or area's portion of the surrounding circulation space. **Explain the use of any vacated space.**

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

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

**Facility Bed Capacity and Utilization**

Complete the following chart, as applicable. Complete a separate chart for each facility that is a part of the project and insert following this page. Provide the existing bed capacity and utilization data for the latest **Calendar Year for which the data are 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**.

<b>FACILITY NAME:</b> Northwest Community Hospital		<b>CITY:</b> Arlington Heights			
<b>REPORTING PERIOD DATES:</b> CY13 <b>From:</b> 1/1/13 <b>to:</b> 12/31/13					
<b>Category of Service</b>	<b>Authorized Beds</b>	<b>Admissions</b>	<b>Patient Days</b>	<b>Bed Changes</b>	<b>Proposed Beds</b>
Medical/Surgical	336	10,527	59,349	-24	312
Obstetrics	44	3,038	8,065	0	44
Pediatrics	16	625	2,222	0	16
Intensive Care	60	3,101	9,287	0	60
Comprehensive Physical Rehabilitation	0	0	0	+17	17
Acute/Chronic Mental Illness	32	1,269	8,489	0	32
Neonatal Intensive Care	8	125	943	0	8
General Long Term Care	0	0	0	0	0
Specialized Long Term Care	0	0	0	0	0
Long Term Acute Care	0	0	0	0	0
Other ((identify))	0	0	0	0	0
<b>TOTALS:</b>	<b>496</b>	<b>18,685</b>	<b>88,355</b>	<b>-7</b>	<b>489</b>

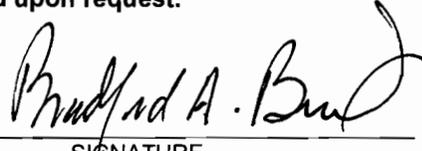
**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

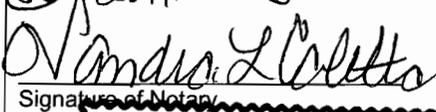
- o in the case of a corporation, any two of its officers or members of its Board of Directors;
- o in the case of a limited liability company, any two of its managers or members (or the sole manger or member when two or more managers or members do not exist);
- o in the case of a partnership, two of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

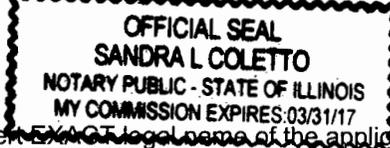
This Application for Permit is filed on the behalf of Northwest Community Healthcare \*  
 in accordance with the requirements and procedures of the Illinois Health Facilities Planning Act.  
 The undersigned certifies that he or she has the authority to execute and file this application for  
 permit 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 permit application fee required  
 for this application is sent herewith or will be paid upon request.

  
 \_\_\_\_\_  
 SIGNATURE  
 Stephen O. Scogna  
 \_\_\_\_\_  
 PRINTED NAME  
 President and CEO  
 \_\_\_\_\_  
 PRINTED TITLE

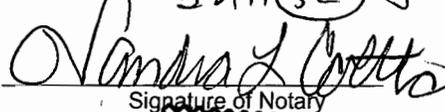
  
 \_\_\_\_\_  
 SIGNATURE  
 Brad Buxton  
 \_\_\_\_\_  
 PRINTED NAME  
 Vice President, Strategy & Business Development  
 \_\_\_\_\_  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 21ST day of MAY 2014  
SC 20TH

  
 \_\_\_\_\_  
 Signature of Notary

Seal  
  
 \*Insert EXACT legal name of the applicant

Notarization:  
 Subscribed and sworn to before me  
 this 21ST day of MAY 2014  
SC 20TH

  
 \_\_\_\_\_  
 Signature of Notary

Seal  


**CERTIFICATION**

The application must be signed by the authorized representative(s) of the applicant entity. The authorized representative(s) are:

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

**This Application for Permit is filed on the behalf of Northwest Community 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 for permit 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 permit application fee required for this application is sent herewith or will be paid upon request.**

  
 \_\_\_\_\_  
 SIGNATURE

Stephen O. Scogna  
 PRINTED NAME

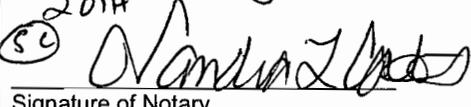
President and CEO  
 PRINTED TITLE

  
 \_\_\_\_\_  
 SIGNATURE

Brad Buxton  
 PRINTED NAME

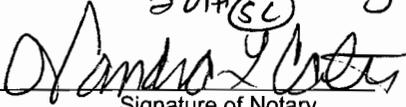
Vice President, Strategy & Business Development  
 PRINTED TITLE

Notarization:  
 Subscribed and sworn to before me  
 this 20th day of MAY 2014

20th  
  
 Signature of Notary

Seal  
  
 \*Insert EXACT legal name of applicant

Notarization:  
 Subscribed and sworn to before me  
 this 20th day of MAY 2014

20th (SC)  
  
 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.

#### Criterion 1110.230 – Background, Purpose of the Project, and Alternatives

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, 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 the information has been 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-11, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM. EACH ITEM (1-4) MUST BE IDENTIFIED IN ATTACHMENT 11.**

##### 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, per the applicant's definition.
3. Identify the existing problems or issues that need to be addressed, as applicable and appropriate for the project. [See 1110.230(b) for examples of documentation.]
4. Cite the sources of the information provided as 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 age and condition and 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 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** of 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 1110.234 - 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.**
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;
  - b. The existing facility's physical configuration has constraints or impediments and requires an architectural design that results in a size exceeding the standards of Appendix B;
  - c. The project involves the conversion of existing space that results in excess square footage.

**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:**

NOT APPLICABLE

Provide the following information:

1. Total gross square footage 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 are 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:**

NOT APPLICABLE

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.**

**B. Criterion 1110.630 - Comprehensive Physical Rehabilitation**

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

Category of Service	# Existing Beds	# Proposed Beds
<input checked="" type="checkbox"/> Comprehensive Physical Rehabilitation	0	17

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

APPLICABLE REVIEW CRITERIA	Establish	Expand	Modernize
1110.630(b)(1) - Planning Area Need - 77 Ill. Adm. Code 1100 (formula calculation)	X		
1110.630(b)(2) - Planning Area Need - Service to Planning Area Residents	X	X	
1110.630(b)(3) - Planning Area Need - Service Demand - Establishment of Category of Service	X		
1110.630(b)(4) - Planning Area Need - Service Demand - Expansion of Existing Category of Service		X	
1110.630(b)(5) - Planning Area Need - Service Accessibility	X		
1110.630(c)(1) - Unnecessary Duplication of Services	X		
1110.630(c)(2) - Maldistribution	X		
1110.630(c)(3) - Impact of Project on Other Area Providers	X		
1110.630(d)(1) - Deteriorated Facilities			X
1110.630(d)(2) - Documentation			X
1110.630(d)(3) - Documentation Related to Cited Problems			X
1110.630(d)(4) - Occupancy			X
1110.630(e)(1) and (2) - Staffing	X	X	
1110.630(e)(2) - Personnel Qualifications	X		
1110.630(f) - Performance Requirements	X	X	X
1110.630(g) - Assurances	X	X	X
<b>APPEND DOCUMENTATION AS ATTACHMENT-21, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.</b>			

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)

**VIII. - 1120.120 - Availability of Funds**

The applicant shall document that 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:**

_____	a)	Cash and Securities – statements (e.g., audited financial statements, letters from financial institutions, board resolutions) as to: <ol style="list-style-type: none"> <li>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</li> <li>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;</li> </ol>
_____	b)	Pledges – for anticipated pledges, a summary of the anticipated pledges showing anticipated receipts and discounted value, estimated time table 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 time table of receipts;
_____	d)	Debt – a statement of the estimated terms and conditions (including the debt time period, variable or permanent interest rates over the debt time period, and the anticipated repayment schedule) for any interim and for the permanent financing proposed to fund the project, including: <ol style="list-style-type: none"> <li>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;</li> <li>2) For revenue bonds, proof of the feasibility of securing the specified amount and interest rate;</li> <li>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.;</li> <li>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;</li> <li>5) For any option to lease, a copy of the option, including all terms and conditions.</li> </ol>
_____	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.
		<b>TOTAL FUNDS AVAILABLE</b>

**APPEND DOCUMENTATION AS ATTACHMENT-36, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**IX. 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 of the projects 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-37, 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.

<b>Provide Data for Projects Classified as:</b>	<b>Category A or Category B (last three years)</b>			<b>Category B (Projected)</b>
<b>Enter Historical and/or Projected Years:</b>				
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.

2. 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 38, IN NUMERICAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**X. 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 of the cash and equivalents must be retained in the balance sheet asset accounts in order 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											
<b>TOTALS</b>											

\* 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 -39, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**XI. Safety Net Impact Statement**

**SAFETY NET IMPACT STATEMENT that describes all of the following must be submitted for ALL SUBSTANTIVE AND DISCONTINUATION PROJECTS:**

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 43.**

Safety Net Information per PA 96-0031			
CHARITY CARE			
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
Charity (cost In dollars)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			
MEDICAID			
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
<b>Total</b>			

Medicaid (revenue)			
Inpatient			
Outpatient			
Total			

APPEND DOCUMENTATION AS ATTACHMENT-40, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

**XII. Charity Care Information**

Charity Care information **MUST** be furnished for **ALL** projects.

- 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.
- 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.
- 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.

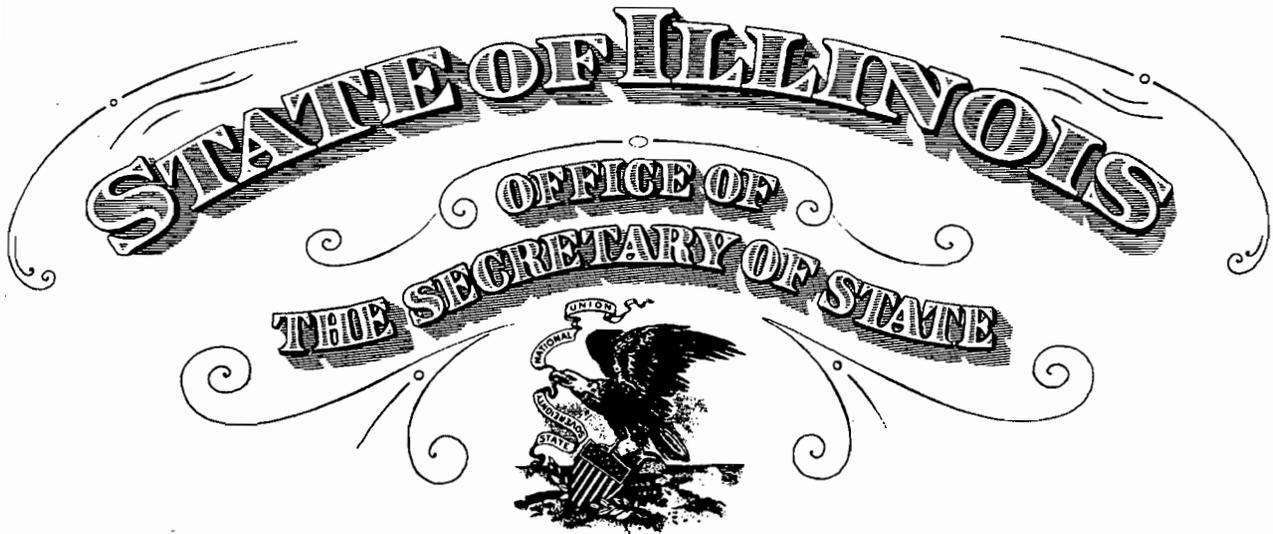
A table in the following format must be provided for all facilities as part of Attachment 44.

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

APPEND DOCUMENTATION AS ATTACHMENT-41, IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.

After paginating the entire, completed application, indicate in the chart below, the page numbers for the attachments included as part of the project's application for permit:

<b>INDEX OF ATTACHMENTS</b>		
<b>ATTACHMENT NO.</b>		<b>PAGES</b>
1	Applicant/Coapplicant Identification including Certificate of Good Standing	22, 23
2	Site Ownership	24-29
3	Persons with 5 percent or greater interest in the licensee must be identified with the % of ownership.	30-31
4	Organizational Relationships (Organizational Chart) Certificate of Good Standing Etc.	32
5	Flood Plain Requirements	33-34
6	Historic Preservation Act Requirements	35
7	Project and Sources of Funds Itemization	36
8	Obligation Document if required	-
9	Cost Space Requirements	37
10	Discontinuation	N/A
11	Background of the Applicant	38-42
12	Purpose of the Project	43, 44
13	Alternatives to the Project	45-48
14	Size of the Project	49, 50
15	Project Service Utilization	51-53
16	Unfinished or Shell Space	N/A
17	Assurances for Unfinished/Shell Space	N/A
18	Master Design Project	N/A
19	Mergers, Consolidations and Acquisitions	N/A
	<b>Service Specific:</b>	
20	Medical Surgical Pediatrics, Obstetrics, ICU	N/A
21	Comprehensive Physical Rehabilitation	54-76
22	Acute Mental Illness	N/A
23	Neonatal Intensive Care	N/A
24	Open Heart Surgery	N/A
25	Cardiac Catheterization	N/A
26	In-Center Hemodialysis	N/A
27	Non-Hospital Based Ambulatory Surgery	N/A
28	Selected Organ Transplantation	N/A
29	Kidney Transplantation	N/A
30	Subacute Care Hospital Model	N/A
31	Children's Community-Based Health Care Center	N/A
32	Community-Based Residential Rehabilitation Center	N/A
33	Long Term Acute Care Hospital	N/A
34	Clinical Service Areas Other than Categories of Service	N/A
35	Freestanding Emergency Center Medical Services	N/A
	<b>Financial and Economic Feasibility:</b>	
36	Availability of Funds	77-85
37	Financial Waiver	86
38	Financial Viability	86
39	Economic Feasibility	87
40	Safety Net Impact Statement	88-90
41	Charity Care Information	91



**To all to whom these Presents Shall Come, Greeting:**

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that*

NORTHWEST COMMUNITY HEALTHCARE, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 11, 1981, 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 18TH day of APRIL A.D. 2014 .

*Jesse White*

SECRETARY OF STATE

Authentication #: 1410800354

Authenticate at: <http://www.cyberdriveillinois.com>

ATTACHMENT-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*

NORTHWEST COMMUNITY HOSPITAL, A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON NOVEMBER 09, 1953, 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 18TH day of APRIL A.D. 2014 .***

*Jesse White*

Authentication #: 1410800328

Authenticate at: <http://www.cyberdriveillinois.com>

SECRETARY OF STATE

ATTACHMENT-1



0319145002

Eugene "Gene" Moore Fee: \$34.00  
Cook County Recorder of Deeds  
Date: 07/10/2003 08:42 AM Pg: 1 of 6

Exempt under 35 ILCS  
200/31-45(e)

*Cat Roman*  
Buyer, Seller or Agent

Date: 6/30/2003

**QUITCLAIM DEED**

THE GRANTOR, **NORTHWEST COMMUNITY HEALTHCARE**, an Illinois not-for-profit corporation, of the Village of Arlington Heights, County of Cook, State of Illinois, for and in consideration of TEN AND NO/100 DOLLARS (\$10.00) and other good and valuable consideration in hand paid, **CONVEYS** and **QUITCLAIMS** to **NORTHWEST COMMUNITY HOSPITAL**, an Illinois not-for-profit corporation, whose address is 800 West Central Road, Arlington Heights, Illinois 60005, all of Grantor's right, title and interest in and to the real estate situated in the County of Cook in the State of Illinois (the "Property"), more particularly described on Exhibit A attached hereto and made apart hereof.

Address of Property:	800 West Central Road, Arlington Heights, Illinois 60005
Permanent Index Numbers:	03-31-414-001
	03-31-414-013
	03-31-414-017
	03-31-414-019
	03-31-414-021
	03-31-414-022
	03-31-301-114

DATED this 30th day of June, 2003.

**NORTHWEST COMMUNITY HEALTHCARE**

By: *BK Crowther*  
Name: Bruce K. Crowther  
Title: President

This Instrument Prepared By and  
After Recording Return To:

Gerald M. Offutt, P.C.  
McDermott, Will & Emery  
227 West Monroe Street  
Chicago, Illinois 60606

Grantee's Address and Send  
Subsequent Tax Bills To:

Northwest Community Hospital  
800 West Central Road  
Arlington Heights, Illinois 60005

*Book 307 - Bowman*

STATE OF ILLINOIS        )  
  ) SS.  
COUNTY OF COOK         )

I, Sharon Grandt, a Notary Public in and for said County in the State aforesaid, DO HEREBY CERTIFY THAT Bruce K. Crowther personally known to me and known by me to be the President of Northwest Community Healthcare, an Illinois not-for-profit corporation, in whose name the above and foregoing instrument is executed, appeared before me this day in person and acknowledged that he signed and delivered the said instrument as his free and voluntary act and as the free and voluntary act of said corporation, for the uses and purposes therein set forth.

GIVEN under my hand and Notarial Seal this 30th day of June, 2003.

Sharon L. Grandt  
Notary Public

My Commission Expires: 4/09/06



**EXHIBIT A**

**LEGAL DESCRIPTION**

**Hospital Properties**

**PARCEL 1:**

THAT PART OF LOT 1 IN HENRY C. MOEHLING'S SUBDIVISION OF PARTS OF SECTIONS 4 AND 9 OF TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN, AND PARTS OF THE SOUTHEAST ¼ OF SECTION 31, TOWNSHIP 42 NORTH, RANGE 11, EAST OF THE THIRD PRINCIPAL MERIDIAN DESCRIBED AS FOLLOWS: BEGINNING AT A POINT SOUTH LINE OF THE SOUTHEAST ¼. 1,272.19 FEET EAST OF THE SOUTHWEST CORNER THEREOF; THENCE EAST ALONG SAID SOUTH LINE 202.28 FEET TO THE WEST LINE OF CEPEK'S ARLINGTON HIGHLANDS; THENCE NORTHERLY ALONG SAID WEST LINE 918.72 FEET TO THE CENTER OF KIRCHOFF ROAD (FORMERLY KNOWN AS PALATINE ROAD); THENCE NORTHWESTERLY ALONG THE CENTER LINE OF KIRCHOFF ROAD 227.95 FEET; THENCE SOUTH PARALLEL TO THE WEST LINE OF CEPEK'S ARLINGTON HIGHLANDS 1019.46 FEET TO THE POINT OF BEGINNING (EXCLUDING THEREFROM THE SOUTHERLY 421.0 FEET) AND (EXCEPT KIRCHOFF AS WIDENED) ALL IN COOK COUNTY, ILLINOIS.

together with

**PARCEL 2:**

ALL THAT PART OF LOT 1 IN HENRY C. MOEHLING'S SUBDIVISION OF PART OF SECTIONS 4 AND 9, TOWNSHIP 41 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN AND PART OF THE SOUTH EAST ¼ OF SECTION 31, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF A LINE 202.28 FEET WEST OF AND PARALLEL WITH THE WEST LINE OF A R.A. CEPEK'S ARLINGTON HIGHLANDS AND LYING SOUTH OF THE CENTER LINE OF KIRCHOFF ROAD EXCEPTING THEREFROM THOSE PART DEDICATED FOR HIGHWAY PURPOSES BY PLAT OF DEDICATION 26825965 AND 94069687 AND EXCEPT THEREFROM THE FOLLOWING DESCRIBED TRACTS:

BEGINNING AT A POINT ON THE CENTER LINE OF KIRCHOFF ROAD WHICH IS 461.57 FEET NORTHWESTERLY OF THE INTERSECTION OF SAID CENTER LINE WITH THE AFOREDESCRIBED LINE 202.28 FEET WEST OF AND PARALLEL WITH THE WEST LINE OF R.A. CEPEK'S ARLINGTON HIGHLANDS AS THE POINT OF BEGINNING OF THE HEREIN DESCRIBED TRACT; THENCE SOUTH ON A LINE PARALLEL WITH SAID WEST LINE OF R.A. CEPEK'S ARLINGTON HIGHLANDS A DISTANCE OF 257.00 FEET TO A POINT 967.0 FEET NORTH OF THE SOUTH LINE OF THE SOUTH EAST ¼ OF SAID SECTION 31; THENCE WEST ON A LINE PARALLEL TO THE SOUTH LIEN OF THE SOUTH EAST ¼ OF SAID SECTION 31 A DISTANCE OF 496.15 FEET; THENCE NORTH ON A LINE PARALLEL TO THE WEST LINE OF SAID SOUTH EAST ¼ OF SECTION 31, A DISTANCE OF 504.60 FEET TO A POINT ON THE CENTERLINE OF KIRCHOFF ROAD WHICH IS 381.42 FEET SOUTHEASTERLY OF THE INTERSECTION OF SAID CENTER LINE OF KIRCHOFF ROAD

WITH THE WEST LINE OF SAID SOUTH EAST  $\frac{1}{4}$  OF SAID SECTION 31; THENCE SOUTHEASTERLY ALONG SAID CENTER LINE OF KIRCHOFF ROAD A DISTANCE OF 547.20 FEET TO THE POINT OF BEGINNING.

AND ALSO EXCEPT THE FOLLOWING:

BEGINNING AT THE INTERSECTION OF THE CENTER LINE OF KIRCHOFF ROAD WITH THE WEST LINE OF THE SOUTHEAST  $\frac{1}{4}$  OF SAID SECTION 31 AS THE POINT OF BEGINNING OF THE HEREIN DESCRIBED TRACT; THENCE SOUTHEASTERLY ALONG THE CENTER LINE OF KIRCHOFF ROAD A DISTANCE OF 325.66 FEET; THENCE SOUTH ON A LINE PARALLEL WITH SAID LINE OF THE SOUTHEAST  $\frac{1}{4}$  OF SAID SECTION 31, A DISTANCE OF 673.36 FEET, THENCE WEST A DISTANCE OF 292.28 FEET TO A POINT ON SAID WEST LINE OF THE SOUTHEAST  $\frac{1}{4}$  OF SAID SECTION 31 WHICH IS 817.00 FEET NORTH OF THE SOUTHWEST CORNER OF SAID SOUTHEAST  $\frac{1}{4}$  OF SAID SECTION 31; THENCE NORTH ALONG SAID WEST LINE OF THE SOUTHEAST  $\frac{1}{4}$  OF SECTION 31 TO THE POINT OF BEGINNING.

AND ALSO EXCEPT THE FOLLOWING:

BEGINNING AT THE INTERSECTION OF THE CENTER OF KIRCHOFF ROAD WITH A LINE PARALLEL TO AND 310.08 FEET WEST OF THE WEST LINE OF R.A. CEPEK'S ARLINGTON'S HIGHLANDS SUBDIVISION; THENCE SOUTH ALONG SAID PARALLEL LINE 152.6 FEET; THENCE EAST PARALLEL TO THE SOUTH LINE OF SAID SOUTHWEST  $\frac{1}{4}$  OF THE SOUTHEAST  $\frac{1}{4}$  67.8 FEET TO AN INTERSECTION WITH A LINE PARALLEL TO AND 242.28 FEET WEST OF THE WEST LINE OF SAID CEPEK'S SUBDIVISION; THENCE NORTH ALONG SAID PARALLEL LINE TO ITS INTERSECTION WITH THE AFORESAID CENTER LINE OF THE KIRCHOFF ROAD; THENCE NORTHWESTERLY ALONG SAID CENTER LINE TO THE POINT OF BEGINNING

AND ALSO EXCEPT THE FOLLOWING:

COMMENCING AT A POINT ON THE SOUTH LINE OF SAID SOUTH EAST  $\frac{1}{4}$  1272.19 FEET EAST OF THE SOUTHWEST CORNER THEREOF, BEING ALSO A POINT 202.28 FEET WEST OF THE WEST LINE OF R.A. CEPEK'S ARLINGTON HIGHLANDS SUBDIVISION; THENCE NORTH PARALLEL WITH THE WEST LINE OF SAID SUBDIVISION 1019.46 FEET TO THE CENTER LINE OF KIRCHOFF ROAD; THENCE NORTH 64 DEGREES 00 MINUTES WEST ALONG THE CENTER LINE OF SAID ROAD 43.94 FEET FOR A PLACE OF BEGINNING; THENCE SOUTH 0 DEGREES 13 MINUTES 00 SECONDS EAST FOR 128.33 FEET; THENCE SOUTH 89 DEGREES 47 MINUTES 00 SECONDS WEST FOR 73.45 FEET, THENCE NORTH 0 DEGREES 13 MINUTES 00 SECONDS WEST FOR 164.50 FEET TO THE CENTER LINE OF KIRCHOFF ROAD; THENCE SOUTH 64 DEGREES 00 MINUTES EAST ALONG THE CENTER LINE OF KIRCHOFF ROAD FOR 81.87 FEET TO THE PLACE OF BEGINNING.

together with

## PARCEL 4:

ALL THAT PART OF LOT 1 IN HENRY C. MOEHLING'S SUBDIVISION OF PART OF SECTIONS 4 AND 9, TOWNSHIP 41 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN AND PART OF THE SOUTHEAST  $\frac{1}{4}$  OF SECTION 31, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, LYING WEST OF A LINE 202.28 FEET WEST OF AND PARALLEL WITH THE WEST LINE OF R.A. CEPEK'S ARLINGTON HIGHLANDS AND LYING SOUTH OF THE CENTER LINE OF KIRCHOFF ROAD (EXCEPTING THEREFROM THOSE PART DEDICATED FOR HIGHWAY PURPOSES BY PLAT OF DEDICATION 26826965 AND 94068687) DESCRIBED AS FOLLOWS:

BEGINNING AT THE INTERSECTION OF THE CENTER LINE OF KIRCHOFF ROAD WITH THE WEST LINE OF THE SOUTHEAST  $\frac{1}{4}$  OF SAID SECTION 31 AS THE POINT OF BEGINNING OF HEREIN DESCRIBED TRACT; THENCE SOUTHEASTERLY ALONG THE CENTER LINE OF KIRCHOFF ROAD A DISTANCE OF 325.66 FEET; THENCE SOUTH ON A LINE PARALLEL WITH SAID LINE OF THE SOUTHEAST  $\frac{1}{4}$  OF SAID SECTION 31, A DISTANCE OF 673.36 FEET; THENCE WEST A DISTANCE OF 292.28 FEET TO A POINT ON SAID WEST LINE OF THE SOUTHEAST  $\frac{1}{4}$  OF SAID SECTION 31 WHICH IS 817.00 FEET NORTH OF THE SOUTHWEST CORNER OF SAID SOUTHEAST  $\frac{1}{4}$  OF SAID SECTION 31; THENCE NORTH ALONG SAID WEST LINE OF THE SOUTHEAST  $\frac{1}{4}$  OF SECTION 31 TO THE POINT OF BEGINNING, IN COOK COUNTY, ILLINOIS.

Together with

LOT 1 IN N.W.C.H. SUBDIVISION, BEING A SUBDIVISION OF PART OF THE SOUTHWEST QUARTER OF SECTION 31, TOWNSHIP 42 NORTH, RANGE 11 EAST OF THE THIRD PRINCIPAL MERIDIAN, ACCORDING TO THE PLAT THEREOF RECORDED JANUARY 21, 1994 AS DOCUMENT NO. 94069688, IN COOK COUNTY, ILLINOIS.

STATEMENT BY GRANTOR AND GRANTEE

The grantor or his agent affirms that, to the best of his knowledge, the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire title to real estate under the laws of the State of Illinois.

Dated June 30, 2003

Signature: [Handwritten Signature]  
Grantor or Agent

Subscribed and sworn to before me by the said Agent this 30<sup>th</sup> day of June, 2003.  
[Handwritten Signature]  
NOTARY PUBLIC



The grantee or his agent affirms and verifies that the name of the grantee shown on the deed or assignment of beneficial interest in a land trust is either a natural person, an Illinois corporation or foreign corporation authorized to do business or acquire and hold title to real estate in Illinois, a partnership authorized to do business or acquire and hold title to real estate in Illinois, or other entity recognized as a person and authorized to do business or acquire and hold title to real estate under the laws of the State of Illinois.

Dated June 30, 2003

Signature: [Handwritten Signature]  
Grantee or Agent

Subscribed and sworn to before me by the said Agent this 30<sup>th</sup> day of June, 2003.  
[Handwritten Signature]  
NOTARY PUBLIC



NOTE: Any person who knowingly submits a false statement concerning the identity of a grantee shall be guilty of a Class C misdemeanor for the first offense and of a Class A misdemeanor for subsequent offenses.

(Attach to deed or ABI to be recorded in Cook County, Illinois, if exempt under the provisions of Section 4 of the Illinois Real Estate Transfer Tax Act.)

DISPLAY THIS PART IN A CONSPICUOUS PLACE

HF 104544

# 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.

**LaMar Hasbrouck, MD, MPH**  
Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE <b>12/31/2014</b>	CATEGORY <b>General Hospital</b>	LIC. NUMBER <b>0001701</b>
Effective: <b>01/01/14</b>		

Northwest Community Hospital

800 West Central Road

Arlington Heights, IL 60005

Exp. Date 12/31/2014

Lic Number 0001701

Date Printed 11/25/2013

Northwest Community Hospital

800 West Central Road

Arlington Heights, IL 60005

FEE RECEIPT NO.

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO #4012230 10M 3/12

← DISPLAY THIS PART IN A CONSPICUOUS PLACE

HF104943

# 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.

LaMar Hasbrouck, MD, MPH

Acting Director

Issued under the authority of the Illinois Department of Public Health

EXPIRATION DATE	CATEGORY	LD NUMBER
03/20/2015		7001209
<b>Ambulatory Surgery Treatment Center</b>		
Effective: 03/21/2014		

Northwest Community Day Surgery Center  
675 West Kirchoff Road  
Arlington Heights, IL 60005

The face of this license has a colored background. Printed by Authority of the State of Illinois • PO. #4012220 10M 3/12

Exp. Date 03/20/2015  
Lic Number 7001209

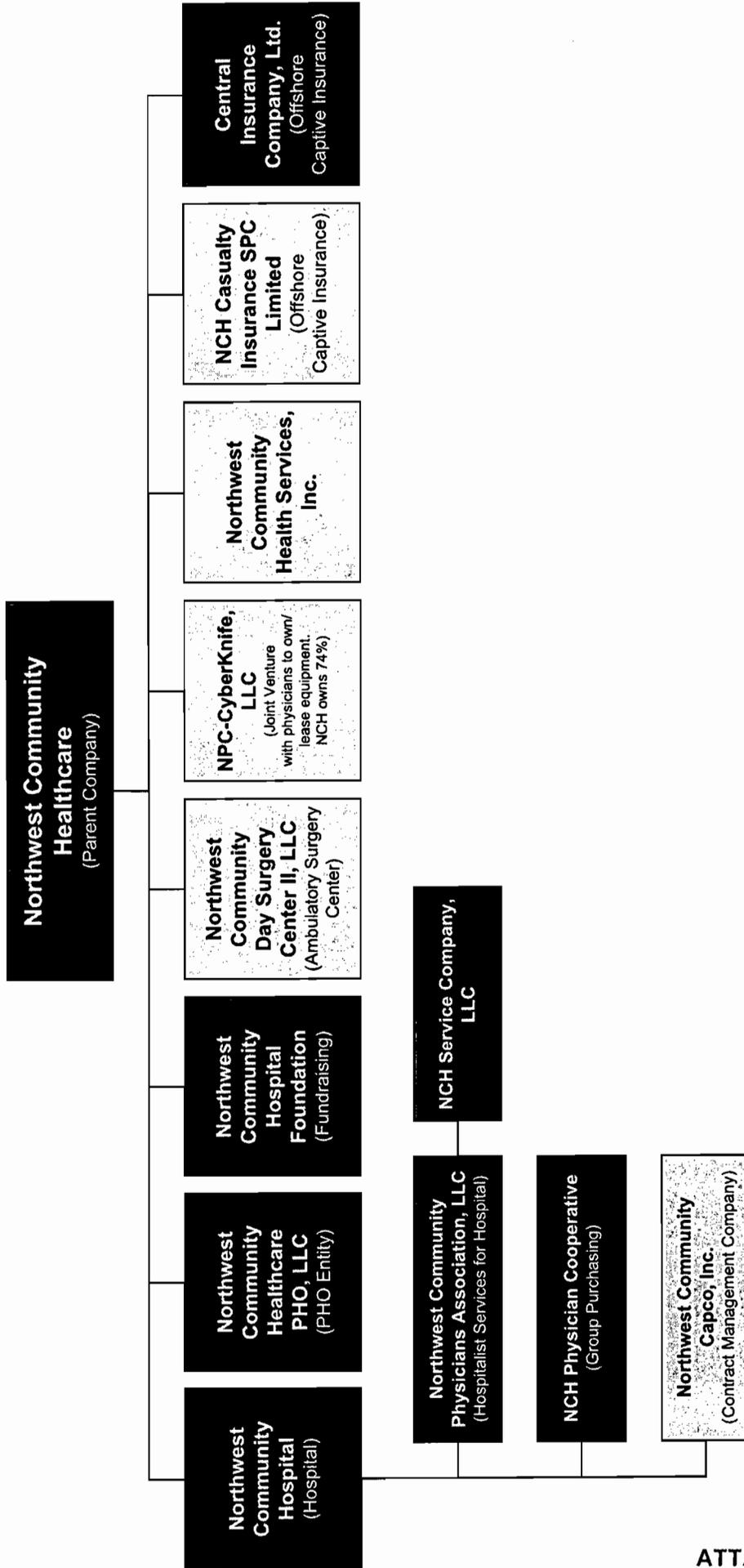
Date Printed 02/04/2014

Northwest Community Day Surgery Ce

FEE RECEIPT NO.

# Northwest Community Healthcare & Subsidiaries

## Corporate Organizational Chart



April 2014

Non-Profit Entity      For-Profit Entity

// Make spelling changes

DFIRMs	Outreach	Services	MT-2 LOMR
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## Cook County Map Panels

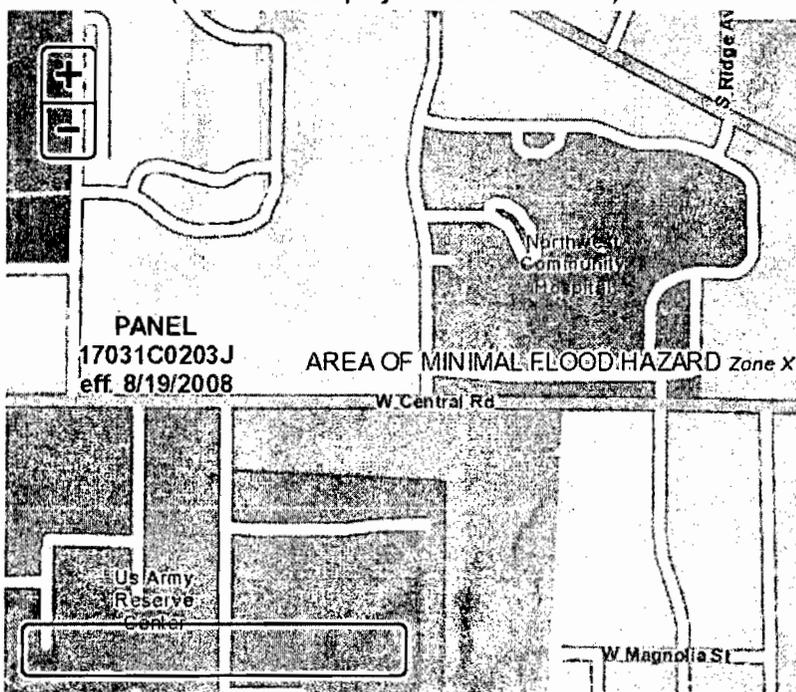
Effective Flood Insurance Rate Maps for Cook County may be viewed and/or downloaded at the FEMA Map Service Center

### ... even more!

Below are links to resources pertaining to Cook County

- Chicago River Watershed Discovery
- Des Plaines Watershed Discovery
- Lower Fox Watershed Discovery
- Upper Fox Watershed Discovery
- Unmapped Special Flood Hazard Areas (SFHA) (pdf)
- Destined for DFIRMs - stream studies becoming flood maps
- Effective DFIRMs Map Search on FEMA's Map Service Center
- FEMA's National Flood Hazard Layer (NFHL) download

### NFHL Viewer (flood data displays when zoomed in)



### What is a DFIRM?

The DFIRM Database is a digital version of the FEMA flood insurance rate map that is designed for use with digital mapping and analysis software.

A sample DFIRM showing areas of greater flood risk in blue

The DFIRM is designed to provide the user with the ability to determine the flood zone, base flood elevation and the floodway status for a particular location. It also has NFIP community information, map panel information, cross section and hydraulic structure information, and base map information like road, stream, and public land survey data.

- Zone Type**
- 1% Annual Chance Flood Hazard
  - Regulatory Floodway
  - Special Floodway
  - Area of Undetermined Flood Hazard
  - 0.2% Annual Chance Flood Hazard
  - Future Conditions 1% Annual Chance Flood Hazard
  - Area with Reduced Risk Due to Levee

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**Illinois Historic  
Preservation Agency**

1 Old State Capitol Plaza, Springfield, IL 62701-1512

FAX (217) 524-7525

[www.illinoishistory.gov](http://www.illinoishistory.gov)

Cook County

Arlington Heights

CON - Modernization for Inpatient Rehabilitation Service, Northwest Community Hospital

800 W. Central Road

IHPA Log #026040714

April 23, 2014

Ralph Weber

920 Hoffman Lane

Riverwoods, IL 60015

Dear Mr. Weber:

This letter is to inform you that we have reviewed the information provided concerning the referenced project.

Our review of the records indicates that no historic, architectural or archaeological sites exist within the project area.

Please retain this letter in your files as evidence of compliance with Section 4 of the Illinois State Agency Historic Resources Preservation Act (20 ILCS 3420/1 et. seq.). This clearance remains in effect for two years from date of issuance. It does not pertain to any discovery during construction, nor is it a clearance for purposes of the Illinois Human Skeletal Remains Protection Act (20 ILCS 3440).

If you have any further questions, please contact me at 217/785-5027.

Sincerely,

Anne E. Haaker

Deputy State Historic

Preservation Officer

Project Costs and Sources of Funds

*Itemization of each line item:*

**Line 1. Preplanning Costs - \$31,568. This includes:**

- Need assessments, market analyses, feasibility studies and background work assessing program and alternative administrative and operational arrangements. Evaluation of North Tower building systems and support functions to accommodate the new clinical program.

**Line 6. Modernization Contracts - \$1,924,432. This includes:**

- All construction contracts/costs to complete the project. Includes Group 1 fixed equipment general conditions, and contractor's overhead and profit.

Of the total amount, \$1,828,210 is the clinical modernization cost.

**Line 7. Construction contingency - \$192,000. This includes:**

- Allowance for unforeseen construction costs.

Of this amount, \$182,400 is the clinical contingency costs

**Line 8. Architectural / Engineering Fees - \$192,000. This includes:**

- Schematic design, design development, construction document services
- Contractor bidding and negotiation
- Construction administration

Of this amount, \$182,400 is the clinical A/E fee

**Line 9. Consulting and Other Fees - \$80,000. This includes:**

- Legal services
- Certificate of Need consultant

**Line 10. Movable or Other Equipment - \$605,000. This includes:**

- All equipment, furniture and furnishings required to equip the 17 bed unit and support space. These include but are not limited to: IV pumps, Portable Tollos lifts, patient beds and mattresses, 1 bariatric bed, sleeper chairs, Stretchairs, treatment carts, overbed tables, refrigerator and ice machine, automated medication dispensing unit, refrigerator for pyxis, kitchen equipment, electric platform table, electric stand-in table, exerciser, exercise bike, mat platform, Nusteps, parallel bars, staircase, tilt table, treadmill, treatment table, weights and storage rack, wheelchairs, lockers and other.

Of this amount, \$579,922 is the clinical component of Movable Equipment.

**Line 14. Other costs to be capitalized - \$15,000. This includes:**

- Permits, fees

## Cost Space Requirements

Department	Cost	Gross Square Feet		Amount of Proposed Total Gross Square Feet That Is:			
		Existing DGSF	Proposed DGSF	New Const.	Modern-ized	As Is	Vacated Space
<b>CLINICAL</b>							
Comprehensive Physical Rehabilitation	\$ 2,894,100		11,021		11,021		
<b>Total Clinical =</b>	<b>\$ 2,894,100</b>		<b>11,021</b>	<b>0</b>	<b>11,021</b>	<b>0</b>	<b>0</b>
<b>NON-CLINICAL</b>							
Storage	\$ 72,452	*	566		566		
Conference Room	\$ 33,823	*	153		153		
Staff Lounge	\$ 39,625	*	226		226		
<b>Total Non-Clinical =</b>	<b>\$ 145,900</b>		<b>945</b>	<b>0</b>	<b>945</b>		
<b>TOTAL =</b>	<b>\$ 3,040,000</b>		<b>11,966</b>	<b>0</b>	<b>11,966</b>	<b>0</b>	<b>0</b>

Notes:

- 1) Cost is total project cost, inclusive of modernization cost, contingencies, A/E fees, consulting and other fees, movable equipment and other costs to be capitalized.
- 2) Space figures are departmental gross square feet.
- 3) Breaking out square feet by the three components of non-clinical space adds one square foot due to rounding, showing total of 11,966 square feet instead of 11,965. The square feet of the unit is 11,965 DGSF.

## **1110.230 Background of Applicant, Purpose of the Project, and Alternatives**

### **Background of Applicant**

Following is the list of healthcare facilities owned by Northwest Community Healthcare:

Northwest Community Hospital\*  
800 W. Central Rd.  
Arlington Heights, IL 60005

Northwest Community Day Surgery Center\*  
675 W. Kirchoff Road  
Arlington Heights, IL 60005

Immediate Care Center in Buffalo Grove  
15 S. McHenry Road  
Buffalo Grove, IL 60089

Immediate Care Center in Lake Zurich  
1201 S. Rand Road  
Lake Zurich, IL 60047

Immediate Care Center in Mount Prospect  
199 W. Rand Road  
Mount Prospect, IL 60056

Immediate Care Center in Schaumburg  
519 S. Roselle Road  
Schaumburg, IL 60193

Lake Zurich Physical Rehab Center  
1249 S. Rand Road  
Lake Zurich, IL 60047

Wellness Center  
900 W. Central Road  
Arlington Heights, IL 60005

Outpatient Center in Rolling Meadows  
3300 Kirchoff Road  
Rolling Meadows, IL 60008

Occupational Wellness & Rehabilitation in Schaumburg  
455 S. Roselle Rd, Suite 205  
Schaumburg, IL 60193

Northwest Community Home Care  
3060 W. Salt Creek Lane  
Arlington Heights, IL 60005

\*Licenses for these facilities are included in Attachment 3 of this permit application.

Joint Commission accreditation certifications for the hospital and home care agency are included on the next page. The day surgery program was part of the hospital's most recent certification when the certification was completed in December, 2011.

Letter on adverse actions and authorization permitting access to information

The letter by Stephen O. Scogna, President and CEO of Northwest Community Healthcare, is included in this attachment.

# Northwest Community Hospital

Arlington Heights, 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 10, 2011

Accreditation is customarily valid for up to 36 months.

Isabel V. Hoverman, MD, MACP  
Chair, Board of Commissioners

Organization ID #: 4656  
Print/Reprint Date: 02/29/12

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](http://www.jointcommission.org).



This reproduction of the original accreditation certificate has been issued for use in regulatory/payer agency verification of accreditation by The Joint Commission. Please consult Quality Check on The Joint Commission's website to confirm the organization's current accreditation status and for a listing of the organization's locations of care.

# Northwest Community Hospital

Arlington Heights, IL

has been Accredited by



## The Joint Commission

Which has surveyed this organization and found it to meet the requirements for the  
**Home Care Accreditation Program**

December 8, 2011

Accreditation is customarily valid for up to 36 months.

Isabel V. Hoverman, MD, MACP  
Chair, Board of Commissioners

Organization ID #: 4656  
Print/Reprint Date: 02/29/12

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](http://www.jointcommission.org).



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May 6, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and  
Services Review Board  
525 West Jefferson Street - 2<sup>nd</sup> Floor  
Springfield, IL 62761

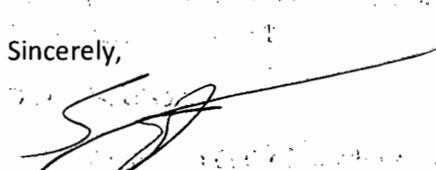
Dear Ms. Olson,

As President and CEO of Northwest Community Healthcare, I hereby certify that no adverse action has been taken against Northwest 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 the Health Facilities and Services Review Board 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 any questions, please call Brad Buxton, Vice President, Planning and Business Development, at 847-618-5020.

Sincerely,



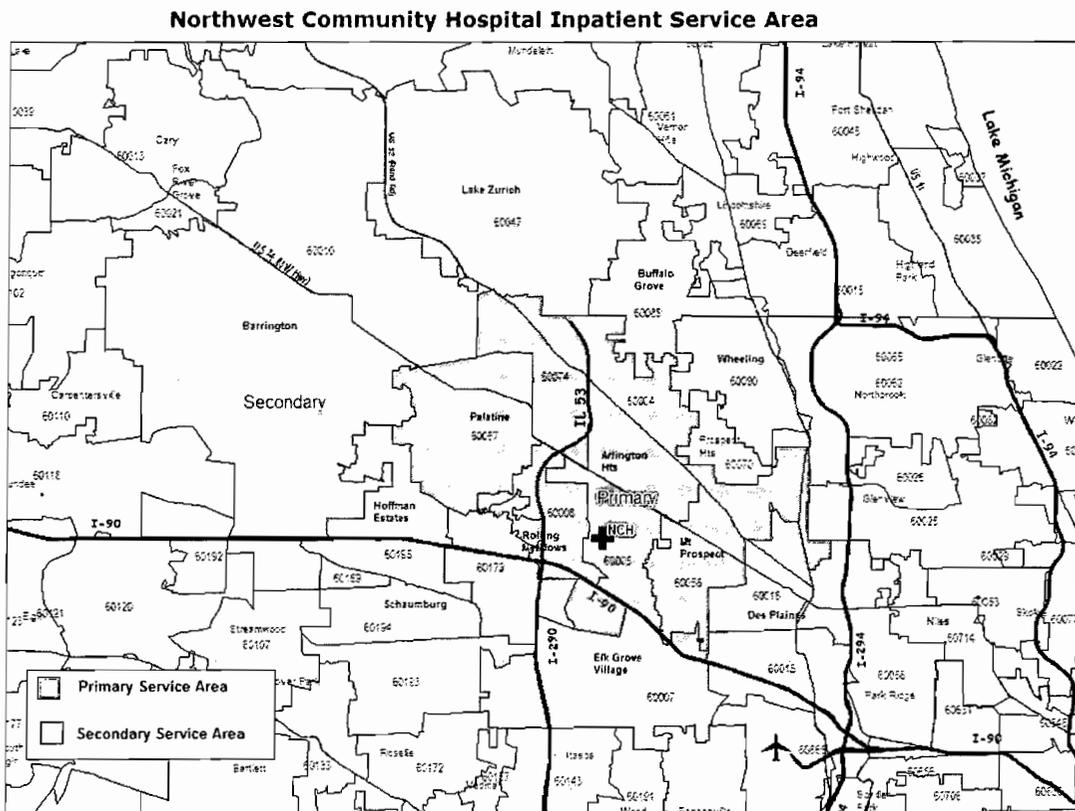
Stephen O. Scogna  
President and CEO

## PURPOSE OF THE PROJECT

1. The project will improve health care services to the population residing in northern Cook and southern Lake Counties by increasing the availability of beds for inpatient Comprehensive Physical Rehabilitation care. It will increase access to rehabilitation care for patients discharged from Northwest Community Hospital (NCH) who have not been able to gain admission to inpatient Comprehensive Physical Rehabilitation hospital providers, in part due to lack of bed availability.
2. For purposes of this project, the planning area is the Primary and Secondary Service Areas of NCH. The Primary Service Area is defined by 6 zip codes whose residents make up 56% of NCH's inpatient cases. The 11 zip codes in the Secondary Service Area contribute an additional 25% of NCH inpatient cases. (See Figure 1 map on the next page.) There is only one inpatient rehabilitation hospital located in this planning area, Alexian Brothers in Elk Grove Village (in NCH's Secondary Service Area). This planning area straddles north suburban Cook County and southern Lake County. It is similar to a geographic area bordered by I-90 on the south and I-294 on the east, an area where over 90% of NCH patients reside. There is no inpatient Comprehensive Physical Rehabilitation hospital provider in this area north of I-90 and east of I-294.
3. Issues that need to be addressed are as follows:
  - According to NCH discharge planning, NCH patients who qualify for discharge to a hospital rehabilitation unit have too frequently ended up at home or at a skilled nursing facility, with less intensive treatment than they required and which would have been provided at an inpatient Comprehensive Physical Rehabilitation hospital program.
  - For many of these patients, lack of rehab beds was the reason they were not accepted.
  - NCH patients who were admitted to a rehab unit had to wait between .5 and 2.74 days as a patient at NCH for transfer arrangements to be made or for a bed to become available for care in an inpatient rehabilitation unit.
  - As evidence of this access problem, only 3.5% of NCH acute care inpatients who matched a rehabilitation impairment code were admitted to an inpatient Comprehensive Physical Rehabilitation hospital provider upon discharge from NCH. (Rehabilitation Impairment Code - RIC - is a Medicare patient classification system for Inpatient Rehabilitation Facilities (IRFs) established by CMS that categorizes patients for post acute care rehabilitation in either a rehabilitation hospital or a rehabilitation unit of a hospital.) National experience indicates that usually up to 13% of patients who match an RIC are admitted for Comprehensive Physical Rehabilitation care in either a rehabilitation hospital or a rehabilitation unit of a hospital. There are several hundred more NCH patients a year who need post discharge care in a Comprehensive Physical Rehabilitation unit than are receiving that care.
4. Sources of information:
  - Internal NCH medical records, for patient origin tables and estimation of the internally generated rehabilitation average daily census.
  - Midas – a system that integrates hospital/community case management, quality management, infection management, risk management, and medical staff information.
  - Carelink – an electronic medical record system used at NCH.
  - COMPdata – provides comparative data, utilization, market share, clinical, physician, financial, demographic, quality, and performance improvement information about Illinois hospitals and ASTCs.

- Market Discover – a product of Truven Health Analytics, offers information, demographics, analytic tools, benchmarks and services to the healthcare industry.
  - Rehabilitation Impairment Codes – a system for categorizing patients appropriate for inpatient rehabilitation services, developed by CMS.
  - MapQuest – reliable source of travel times in the Chicago metropolitan area.
  - IDPH Hospital Annual Questionnaires and Hospital Profiles, Year 2012.
5. The project will improve access for Comprehensive Physical Rehabilitation services by providing an additional 17 beds in the planning area. This bed complement will provide capacity for NCH patients who match a Rehabilitation Impairment Code and have a condition that requires post acute care rehabilitation in a hospital. Results will include: a) having patients treated in the right clinical setting (instead of going home or to skilled nursing when they need hospital based rehab care), and b) lower LOS for NCH patients who have to wait to get accepted at a Comprehensive Physical Rehabilitation hospital provider.
6. Goals/measures:
- Reduce ALOS by 1.0 days for NCH patients waiting for admission to a hospital rehab unit.
  - For those NCH patients who match an RIC code, increase from 3.5% to 10% admission to a Comprehensive Physical Rehabilitation hospital provider for inpatient care.

Figure 1



## 1110.230 – Alternatives

NCH considered several alternatives to the proposed program. These alternatives included:

1. Do Nothing
2. Establish a 34 bed inpatient rehabilitation unit
3. Build a 17 bed unit on the 7th or 8th floor of the North Tower
4. Construct a freestanding rehabilitation facility
5. Establish and operate the inpatient rehabilitation unit without a corporate partner
6. **Proposed Project:** Develop a comprehensive physical medicine and rehabilitation unit through the hospital's internal resources by contracting with a professional firm to staff, implement and manage the intensive Comprehensive Physical Rehabilitation program.

Alternative 6 was selected as the most efficient alternative for meeting the community needs. NCH and RehabCare will create a superior Comprehensive Physical Rehabilitation program to meet the needs of the community in establishing a comprehensive continuum of care. Each alternative is briefly discussed below.

### Alternative 1 – Do Nothing

The Hospital's service area has demonstrated a need for intensive Comprehensive Physical Rehabilitation services. Too few of NCH's patients have access to Comprehensive Physical Rehabilitation service treatment. By providing these services, NCH will help to alleviate this inconvenience and meet the need for these services within the community.

Currently, area patients requiring Comprehensive Physical Rehabilitation services do not have the same level of access to Comprehensive Physical Rehabilitation programs as do Illinois residents in other HSAs of the State. In some cases, rather than traveling long distances, patients will seek services which do not offer the intensive treatment required (i.e., skilled nursing, outpatient, home health), or they may seek no rehabilitation treatment at all. Doing nothing would only contribute to and perpetuate existing access limitations of rehabilitation services for the Hospital service area population.

The Hospital is a leading, low cost provider of health care services in the area. While this may be the least costly option, in order to continue providing the scope of services needed and desired by the service area population, the "do nothing" alternative is unacceptable.

### Alternative 2 - Establish a 34 bed inpatient rehabilitation unit.

This size unit is based on the finding that there were 6,483 NCH patients in FY 2013 that matched a rehab impairment code, indicating a possible need for inpatient rehabilitation care after discharge from the acute hospital stay. Based on the experience that 13% of patients matching a code actually qualify for and receive Comprehensive Physical Rehabilitation, there would have been 851 NCH patients last year requiring the service. Estimating that the average rehab stay is 12.2 days, these 851 patients would have generated a need for a 34 bed unit at 85% occupancy.

Cost to build out and equip a 34 bed unit is estimated at \$5,500,000 - \$6,000,000.

This alternative was not considered because NCH wishes to start up a program at a smaller scale, to establish a personal interactive service. A unit of this size is larger than can be accommodated on one floor of the North Tower of the hospital. Also, the extra capital cost is more than can be allocated in the budget for this new service.

Alternative 3 - Build a 17 bed unit on the 7th or 8th floor of the North Tower.

These floors are currently vacant and are of sufficient size to accommodate the Comprehensive Physical Rehabilitation unit. However, the infrastructure on these floors is minimal and significantly less than what is in place on the 3rd floor. There is no nurse call system or telemetry system on the 7<sup>th</sup> and 8<sup>th</sup> floors; these are in place on the third floor.

Cost to build out and equip a 17 bed unit on the 7th or 8th floor is \$4,200,000 – 4,500,000.

This alternative was rejected because of cost savings that can be achieved on the third floor. The 7th and 8th floors are not bridge-connected to the new South Tower, which opened in 2010 and accommodates medical/surgical services, ICU, and other programs. Having the rehab unit on a bridge-connected floor facilitates the transfer of patients discharged from the South Tower, as well as the movement of supplies to the unit. The extra capital cost does not have a cost/benefit advantage compared to construction of the unit on the 3rd floor. In addition, there are plans for use of the 7th and 8th floors for other clinical services.

Alternative 4 – Construct a freestanding rehabilitation facility

The Hospital briefly discussed an option to establish a separate facility across the street from the hospital with a real estate partner, but ultimately declined to proceed. NCH did not choose to select the alternative to build a freestanding facility for the following reasons:

- The Hospital has physical space not being utilized and determined it would be unwise to build an additional physical structure.
- The start-up costs for construction would be significantly higher than the remodeling of existing space. Estimated to be over \$25,000,000.
- A freestanding rehabilitation facility would require the duplication of the ancillary and support services already present and available in NCH.

Alternative 5 - Establish and operate the inpatient rehabilitation unit without a corporate partner.

This alternative poses the option of building the program internally without assistance by RehabCare or another facilitating corporate organization. This would save the management fee, although start-up and operating costs would still be incurred by NCH.

This alternative was rejected for several reasons. The management team is new at NCH, and is pursuing new strategies and several new initiatives, as well as transitioning to new health care delivery under the Affordable Care Act. There are many projects calling for management time and attention. Having an outside company skilled in the establishment and delivery of inpatient rehabilitation care significantly expedites the establishment of the new program. NCH leadership considered several different rehabilitation companies and providers and selected RehabCare. RehabCare has set up and/or operates

over 100 inpatient rehabilitation services in the US, including 7 in Illinois. They have a proven track record for efficient operations and cost effective care delivery as articulated in the chosen alternative presented below.

The cost to NCH to establish the service internally without outside assistance would likely be more than without the expertise of an outside partner. RehabCare has systems and procedures in place specific for Comprehensive Physical Rehabilitation for both startup and ongoing operations, policy & procedure development, quality assurance programs, clinical protocols, program enhancements, temporary staffing agency costs, specialized Comprehensive Physical Rehabilitation IT technology, etc.

Whatever the cost difference is from the sole use of internal sources to use of a corporate partner in the development, start up and ongoing operations, those costs are operating expenses. Regardless, the capital costs for the project will not change.

Alternative 6 – PROPOSED PROJECT Develop a 17-bed Comprehensive Physical Rehabilitation unit through NCH’s internal resources and supplemented by contracting with a professional firm to implement and manage the comprehensive Physical Rehabilitation service which ensures the development of a superior intensive physical medicine and rehabilitation program.

This option is based upon the decision to renovate existing space within the Hospital. The Hospital carefully considered providing the manpower, training, education, support, operational plan and treatment modalities required for Comprehensive Physical Rehabilitation services. NCH’s administration determined that it did not have all of the in-house expertise to effectively or efficiently develop the proposed services. By contracting with RehabCare, NCH gains their over 30 years of experience in establishment and operation of over 105 inpatient rehabilitation programs across the United States. RehabCare brings programmatic systems, policy and procedures, implementation programming, treatment protocols, program evaluation system and an Aftercare regimen. In addition, the time commitment required to gain such expertise for a first-rate program would considerably delay implementing the program.

This was determined to be the preferred alternative for several reasons:

- Professional managers and clinicians bring to the proposed program proven successful and high quality rehabilitation services.
- Availability of scarce professionals (PTs, OTs, etc.) through the professional firm’s full-time recruiting department.
- Expertise is acquired in a timely fashion. The implementation schedule is drastically reduced for effective and efficient operational and clinical management.
- The program will be located in one unit yielding additional operational, clinical and cost efficiencies for delivery care.
- Providing the best possible services to area residents will help NCH fulfill its corporate mission to the community.
- Implementation of a dedicated Comprehensive Physical Rehabilitation unit will help fill an unmet area need and increase the accessibility of treatment services within the service area and throughout HSA 7.

This alternative is the most effective solution, as it allows NCH to make high quality health care available, affordable and accessible to the patients in need of this service. The selected alternative

allows a continuum of rehabilitation services to become available to the community. This project provides a more competitive health care delivery system through a more efficient distribution of rehabilitation services within HSA 7.

NCH, as a part of the investigation of the potential to establish Comprehensive Physical Rehabilitation services, contacted RehabCare, located in Louisville, Kentucky, as a known expert in the field of rehabilitation.

RehabCare completed a market analysis, program specific proposal and a financial feasibility study for the establishment of a Comprehensive Physical Rehabilitation program at NCH. RehabCare has extensive experience in the development and management of Comprehensive Physical Rehabilitation services. RehabCare has an experienced staff of professionals which bring expertise in ensuring that the proposed unit meets all applicable State of Illinois licensing regulations, The Joint Commission (TJC) and Commission on Accreditation of Rehabilitation Facilities (CARF) accreditation standards, expertise in the development and management for the ongoing operation and marketing of the program, vast knowledge of the reimbursement and regulatory conditions that are an integral part of the rehabilitation industry as well, as a full time recruitment division to assist in the staffing of the unit with licensed professionals who will deliver care to the patients to be served by this project.

Cost of Alternative 6, the Proposed Project, is estimated at \$3,040,000.

Size of the Project

The project is the conversion and modification of a medical/surgical unit on the third floor of the North Pavilion, 800 W Central Road. The current space is 13,340 building gross sq ft. No changes will be made to the existing stairwells, elevators and ventilation shafts. The resulting 11,965 departmental gross sq ft will accommodate 11,021 sq ft of clinical space, and 944 sq ft of non-clinical space.

The clinical space will be composed of 17 single occupancy patient rooms, a PT/OT gym, and an activity/dining room. Additional space that is part of the clinical unit is a PT/OT workstation, a nurses' station, soiled and clean utility, a nurse manager office, central patient showers and a nourishment area.

944 sq ft of non-clinical space includes storage, staff lounge and a conference room.

Currently, each of the 17 rooms has a small bathroom. These bathrooms contain a sink and toilet, and small doors that make patient access difficult, especially for rehabilitation patients with mobility restrictions requiring staff assistance. The bathrooms will be renovated to be fully handicap accessible as part of the project. However, showers will not be installed in individual bathrooms. The existing central patient showers on the floor will be renovated to be fully handicap accessible.

The size of the project is within the State sq footage standard of 525 to 660 dgsf per bed for Comprehensive Physical Rehabilitation.

$$11,021 \text{ dgsf} / 17 \text{ beds} = 648.3 \text{ dgsf per bed}$$

SIZE OF PROJECT				
DEPARTMENT	PROPOSED DGSF	STATE STANDARD	DIFFERENCE	MET STANDARD?
Comprehensive Inpatient Rehabilitation (17 beds)	11,021 (648 dgsf/bed)	11,220 (660 dgsf/bed)	199 (12 dgsf/bed)	Yes



## Project Services Utilization

Northwest Community Hospital projects that the proposed 17 bed inpatient Comprehensive Physical Rehabilitation unit will serve an estimated 415 inpatients in its second year of operation, which will meet the State's utilization standard of 85%.

Documentation and analysis supporting this projection is presented in the Planning Area Need sections, Attachment 21. The case for full utilization of the 17 bed unit is based on the following information, which is excerpted from the analysis:

1. Patients discharged from NCH for inpatient rehabilitation care over the past two years  
217 inpatients at NCH in 2013 were admitted to inpatient rehabilitation hospitals for care upon discharge from NCH. 237 inpatients at NCH in 2012 were admitted to inpatient comprehensive physical rehabilitation programs upon discharge from NCH. (These data are Calendar Year). This is about half the volume required to justify the unit based on historic referrals. This does not include 59 inpatients in 2013 who were discharged to nursing homes for rehabilitation, or 33 patients for whom a discharge destination was not listed but who went either to a hospital or a nursing home.

In 2013, there were 31 NCH patients who were referred to a nearby hospital comprehensive physical rehabilitation service who were not admitted, due in part to lack of bed availability. 2 of the 31 were admitted to a different hospital rehabilitation unit; the other 29 went to nursing homes or home care. If these 29 were added to the 217 admitted to a rehab unit, the total of referrals or requested referrals would have been 246 in 2013.

2. Projections based on these historic referrals  
Over 90 physicians in each of 2012 and 2013 referred NCH patients to area hospital rehabilitation units. 19 of these physicians who referred four or more patients in 2013 wrote letters to express their commitment to admit patients to a new unit at Northwest Community Hospital. Their referrals constitute about half of the total patient referrals to hospital rehabilitation units from NCH.
3. NCH patients matching a Rehabilitation Impairment Code (RIC) and qualifying for post acute care hospital rehab care generate an expected inpatient rehabilitation caseload of up to 851 inpatient rehabilitation cases a year

In establishing requirements for reimbursement for rehabilitation care, the US Center for Medicare and Medicaid Services (CMS) established the system of Rehabilitation Impairment Codes (RICs). Patients match an RIC code if they have stroke, neurological impairment, brain injury, spinal cord injury, amputation, hip fractures, joint replacement, or other orthopedic procedures or other conditions. Not all of these patients receive or need to receive care in a rehabilitation unit. Most are discharged to skilled nursing, home care services, LTAC, hospice or other disposition. Utilizing the national experience of RehabCare, NCH's partner in the operation of the proposed unit, showed that 13% of the NCH patients matching an RIC code actually are eligible to be admitted to an inpatient rehabilitation unit.

RehabCare completed a comprehensive analysis of inpatients at NCH and determined that in FY2013, there were 6,483 inpatients who matched a RIC. Of the patients, 510 were stroke patients, 26% qualifying for rehab care post discharge; 727 patients with joint replacements,

10% of whom qualified for rehab care post discharge, and so on. Doing the analysis for 24 categories of NCH patients who matched an RIC, 13% of the 6,483 inpatients, or 851 patients were appropriate for discharge to inpatient comprehensive physical rehabilitation care in FY2013.

To be conservative, NCH forecasts that only 10% of these patients would convert to a referral for inpatient rehabilitation at a hospital rehab unit. 10% of 6483 is 648 inpatients, an estimate of the total demand for inpatient rehabilitation care by NCH inpatients. This is significantly more than the 217 and 237 inpatients referred during the past two years.

Based on lengths of stay associated with each of the 24 patient categories, RehabCare calculated that the composite ALOS for this mix of 648 patients would be 12.2 days. The ALOS for patients at the 11 inpatient hospital units in HSA-7 is 13.35 days (Hospital Profiles, Year 2012). The decision was made to select an average length of stay of **12.7 days**, less than the HSA average but more than RehabCare's nationally based experience. This LOS also recognizes that a start-up program requires time to operationalize procedures and practices and work out efficiencies in patient management.

NCH's unit size is restricted, limited to the size of the North Tower 3<sup>rd</sup> floor. The floor can accommodate 17 rooms. At 85% occupancy and an average length of stay of 12.7 days, these 17 beds can accommodate 415 patients.

Based on the methodology using Rehabilitation Impairment Codes, and the conservative estimate that only 10% of patients matching such codes would convert to inpatient status, the new comprehensive physical rehabilitation unit at NCH can accommodate 415 patients during the second year of operation; an additional 233 patients (648 minus 415) would be referred that year to area inpatient comprehensive physical rehabilitation programs.

This projected continued referral of 233 patients a year is consistent with the 217 and 237 patients referred in 2013 and 2012 to area inpatient comprehensive physical rehabilitation programs. The new inpatient comprehensive physical rehabilitation unit at NCH would help meet demand for residents of the service area without reducing volume at area facilities.

The expectation that the new unit can be filled without detracting from referrals to other facilities leads to the claim that there is currently insufficient capacity in NCH's service area. Evidence in support of this statement is as follows:

- there are fewer inpatient rehab beds per population in the geographic service area within 30 minutes of NCH (0.090 beds) than for the entire HSA 7 (0.143) and for the State of Illinois (0.132). (See Planning Area Need sections.)
- the experienced use rate for the 30 minute travel area around NCH (0.025) is significantly below the experienced use rates for the entire HSA 7 (0.037) and the State of Illinois (0.0317). (See Planning Area Need sections.)
- On the more micro-level of NCH patients, NCH patients who received inpatient rehabilitation last year were only 3.5% of all NCH patients who matched an RIC code. This compares to RehabCare's analysis projecting 13% of the NCH patient matching an RIC code

for inpatient rehabilitation. The implication is that many NCH patients who needed inpatient hospital rehabilitation were returned to home or skilled nursing units.

The following table provides information on NCH's historic referral and projected utilization of the proposed inpatient comprehensive physical rehabilitation unit. The unit is projected to be at full utilization in 2016, the second year after project completion. Year 2015 will be a partial year of service operation.

<b>UTILIZATION – Inpatient Rehabilitation</b>			
<b>YEAR</b>	<b>HISTORIC REFERRALS TO AREA REHAB HOSPITALS (PATIENTS)</b>	<b>PROJECTED UTILIZATION OF NEW UNIT</b>	<b>MET STANDARD (85%)?</b>
2012	237		
2013	217		
2014	217 (projected)		
2015 (Year 1)		330	No
2016 (Year 2)		415*	Yes

\*Anticipated demand by NCH inpatients who match an RIC code and are admitted for inpatient rehabilitation is 648 patients. 415 are projected to be admitted to the proposed NCH unit; 233 are projected to continue to be referred to area hospitals.

Criterion 1110.630 – Comprehensive Physical Rehabilitation

1. 1110.630(b)(1) Planning Area Need – formula calculation

For Planning Area HSA 7, the Inventory of Health Care Facilities and Services and Need Determinations shows an excess of 75 inpatient rehabilitation beds (updated March, 2014). Although there is an excess of beds in the State planning area, analysis later in this section attempts to make the case that the area within 30 minute travel times from Northwest Community Hospital has an experienced use rate and ratio of rehabilitation beds to population that are significantly below HSA 7 and State averages.

2. 1110.630(b)(2) Planning Area Need - Service to Planning Area Residents

**Table 1** on the next page shows the zip codes comprising the Primary and Secondary service areas for Northwest Community Hospital. Collectively these areas are the source of over 80% of NCH inpatient discharges for CY 2013, by residence of patient. 6 zip codes constitute the Primary Service Area and are the source of 55.8% of NCH patients. The table also includes population estimates for years 2014 and 2019, relevant to later analysis.

**Table 1: Northwest Community Hospital Primary and Secondary Service Areas**

ZIP CODE and CITY	Patients (CY 2013)			Population	
	Discharges	%	Cum %	2014	2019
<b>PSA</b>					
60004 ARLINGTON HEIGHTS	2,462	12.8%	12.8%	50,838	51,253
60056 MOUNT PROSPECT	2,026	10.5%	23.3%	55,448	56,001
60005 ARLINGTON HEIGHTS	1,742	9.0%	32.3%	30,252	30,473
60067 PALATINE	1,686	8.7%	41.0%	39,445	40,334
60074 PALATINE	1,577	8.2%	49.2%	40,080	41,306
60008 ROLLING MEADOWS	1,259	6.5%	55.7%	23,203	23,766
60078 PALATINE PO BOX	8	0.0%	55.7%	N/A	N/A
60006 ARLINGTON HEIGHTS PO BOX	4	0.0%	55.8%	N/A	N/A
60095 PALATINE PO BOX	1	0.0%	55.8%	N/A	N/A
<b>PSA - Subtotal</b>	<b>10,765</b>	<b>55.8%</b>		<b>239,266</b>	<b>243,133</b>
<b>SSA</b>					
60089 BUFFALO GROVE	1,168	6.1%	61.8%	41,587	41,197
60090 WHEELING	1,146	5.9%	67.8%	39,169	40,357
60016 DES PLAINES	531	2.8%	70.5%	61,339	62,880
60070 PROSPECT HEIGHTS	417	2.2%	72.7%	15,196	15,295
60047 LAKE ZURICH	357	1.8%	74.5%	40,942	41,143
60010 BARRINGTON	272	1.4%	75.9%	44,581	44,880
60018 DES PLAINES	265	1.4%	77.3%	30,438	31,349
60007 ELK GROVE VILLAGE	226	1.2%	78.5%	33,410	33,462
60169 HOFFMAN ESTATES	211	1.1%	79.6%	33,016	33,549
60173 SCHAUMBURG	182	0.9%	80.5%	13,161	13,737
60195 SCHAUMBURG	69	0.4%	80.9%	5,267	5,416
60011 BARRINGTON PO BOX	6	0.0%	80.9%	N/A	N/A
60019 DES PLAINES PO BOX	2	0.0%	80.9%	N/A	N/A
60168 SCHAUMBURG PO BOX	1	0.0%	80.9%	N/A	N/A
<b>SSA - Subtotal</b>	<b>4,853</b>	<b>25.1%</b>		<b>358,106</b>	<b>363,265</b>
<b>Total Service Area (PSA and SSA)</b>	<b>15,618</b>	<b>80.9%</b>		<b>597,372</b>	<b>606,398</b>
ALL OTHER ZIPS	3,684	19.1%	100.0%	12,296,959	12,363,766
<b>TOTAL</b>	<b>19,302</b>	<b>100.0%</b>	<b>100.0%</b>	<b>12,894,331</b>	<b>12,970,164</b>

Notes:

Discharge data represents all NCH Inpatients with exception of Normal Newborns (DRG 795)

ALL OTHER Discharges includes **out-of-state** encounters

ALL OTHER Population data represents **total Illinois** population from zip codes outside of NCH PSA and SSA

Population data unavailable for zip codes with PO Box addresses

Data Sources:

Discharge = Horizon Performance Manager (HPM)

Population = Truven Health Analytics; Nielson

**Table 2** expands the information in Table 1 to show the numbers of inpatients at NCH and residing in the PSA and SSA zip codes who were referred to inpatient rehabilitation hospitals upon discharge from their acute care stays at NCH. 217 NCH patients were referred for rehab services in 2013; 237 were referred in 2012. Table 2 shows that about 2/3 of these patients were from the 6 zip code PSA; approximately 90% of these patients were from the PSA and SSA areas.

The data show that the project will serve primarily residents of the NCH primary and secondary service areas of norther Cook County and southern Lake County.

**Figure 1** shows the map of the Zip Codes in the Primary and Secondary service areas.

**Table 2: NCH Primary and Secondary Service Areas, for all NCH Patients and for Inpatients Discharged to Inpatient Rehabilitation Hospitals**

ZIP CODE and CITY	All NCH			NCH Pts Discharged to Rehab Hospitals					
	All NCH Patients (CY 2013)			Patients (CY 2013)			Patients (CY 2012)		
	Discharges	%	Cum %	Discharges	%	Cum %	Discharges	%	Cum %
<b>PSA</b>									
60004 ARLINGTON HEIGHTS	2,462	12.8%	12.8%	32	14.7%	14.7%	48	20.3%	20.3%
60056 MOUNT PROSPECT	2,026	10.5%	23.3%	29	13.4%	28.1%	32	13.5%	33.8%
60005 ARLINGTON HEIGHTS	1,742	9.0%	32.3%	28	12.9%	41.0%	25	10.5%	44.3%
60067 PALATINE	1,686	8.7%	41.0%	26	12.0%	53.0%	26	11.0%	55.3%
60074 PALATINE	1,577	8.2%	49.2%	19	8.8%	61.8%	14	5.9%	61.2%
60008 ROLLING MEADOWS	1,259	6.5%	55.7%	10	4.6%	66.4%	18	7.6%	68.8%
60078 PALATINE PO BOX	8	0.0%	55.7%	0	0.0%	66.4%	0	0.0%	68.8%
60006 ARLINGTON HEIGHTS PO BOX	4	0.0%	55.8%	0	0.0%	66.4%	0	0.0%	68.8%
60095 PALATINE PO BOX	1	0.0%	55.8%	0	0.0%	66.4%	0	0.0%	68.8%
<b>PSA - Subtotal</b>	<b>10,765</b>	<b>55.8%</b>	<b>55.8%</b>	<b>144</b>	<b>66.4%</b>	<b>66.4%</b>	<b>163</b>	<b>68.8%</b>	<b>68.8%</b>
<b>SSA</b>									
60089 BUFFALO GROVE	1,168	6.1%	61.8%	18	8.3%	74.7%	13	5.5%	74.3%
60090 WHEELING	1,146	5.9%	67.8%	11	5.1%	79.7%	11	4.6%	78.9%
60016 DES PLAINES	531	2.8%	70.5%	5	2.3%	82.0%	4	1.7%	80.6%
60070 PROSPECT HEIGHTS	417	2.2%	72.7%	7	3.2%	85.3%	5	2.1%	82.7%
60047 LAKE ZURICH	357	1.8%	74.5%	2	0.9%	86.2%	3	1.3%	84.0%
60010 BARRINGTON	272	1.4%	75.9%	3	1.4%	87.6%	2	0.8%	84.8%
60018 DES PLAINES	265	1.4%	77.3%	5	2.3%	89.9%	1	0.4%	85.2%
60007 ELK GROVE VILLAGE	226	1.2%	78.5%	3	1.4%	91.2%	2	0.8%	86.1%
60169 HOFFMAN ESTATES	211	1.1%	79.6%	2	0.9%	92.2%	3	1.3%	87.3%
60173 SCHAUMBURG	182	0.9%	80.5%	1	0.5%	92.6%	2	0.8%	88.2%
60195 SCHAUMBURG	69	0.4%	80.9%	1	0.5%	93.1%	1	0.4%	88.6%
60011 BARRINGTON PO BOX	6	0.0%	80.9%	0	0.0%	93.1%	0	0.0%	88.6%
60019 DES PLAINES PO BOX	2	0.0%	80.9%	0	0.0%	93.1%	0	0.0%	88.6%
60168 SCHAUMBURG PO BOX	1	0.0%	80.9%	0	0.0%	93.1%	0	0.0%	88.6%
<b>SSA - Subtotal</b>	<b>4,853</b>	<b>25.1%</b>	<b>80.9%</b>	<b>58</b>	<b>26.7%</b>	<b>93.1%</b>	<b>47</b>	<b>19.8%</b>	<b>88.6%</b>
<b>Total Service Area (PSA and SSA)</b>	<b>15,618</b>	<b>80.9%</b>	<b>80.9%</b>	<b>202</b>	<b>93.1%</b>	<b>93.1%</b>	<b>210</b>	<b>88.6%</b>	<b>88.6%</b>
ALL OTHER ZIPS	3,684	19.1%	100.0%	15	6.9%	100.0%	27	11.4%	100.0%
<b>TOTAL</b>	<b>19,302</b>	<b>100.0%</b>	<b>100.0%</b>	<b>217</b>	<b>100.0%</b>	<b>100.0%</b>	<b>237</b>	<b>100.0%</b>	<b>100.0%</b>

**Notes:**

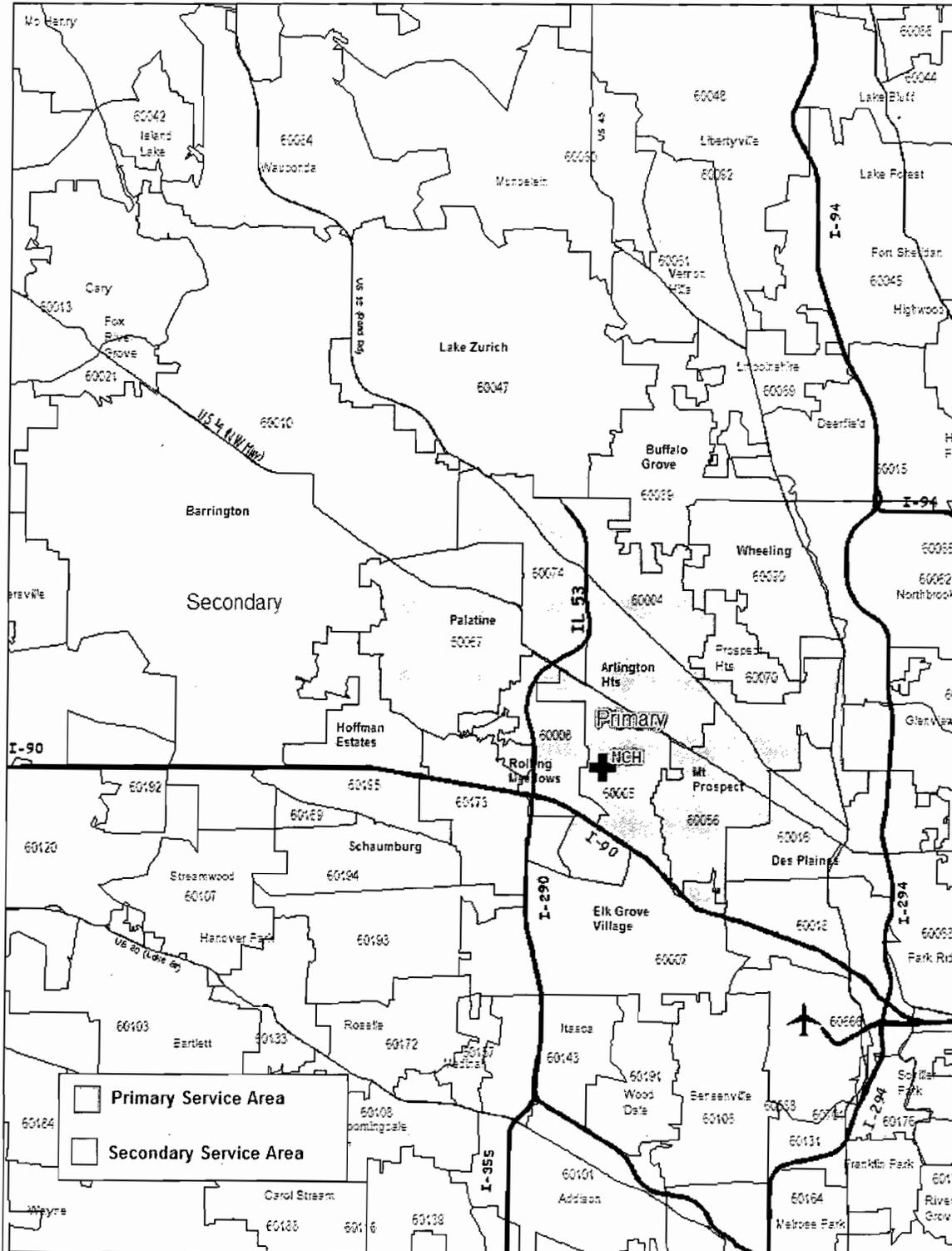
Discharge data represents all NCH Inpatients with exception of Newborn Nursery  
 ALL OTHER Discharges includes out-of-state encounters

**Data Sources:**

Discharge = Horizon Performance Manager (HPM)  
 Discharges to IP rehab: NCH Decision Support

Figure 1

### Northwest Community Hospital Inpatient Service Area



NCH Decision Support  
April 2014

3. 1110.630(b)(3) Planning Area Need – Service Demand – Establishment of Comprehensive Rehabilitation Service

The primary purpose of this proposed project is to provide reasonable access to inpatient Comprehensive Physical Rehabilitation services to the community served by NCH. This project presents the opportunity for NCH to enhance the accessibility of services and distribution of Comprehensive Physical Rehabilitation beds within the planning area. Currently, patients of the service are discharged from an acute care hospital, who require Comprehensive Physical Rehabilitation service, must select one of the following options: travel to Elk Grove Village, Park Ridge or farther (see 30 Minute Travel Time Chart, Table 9); receive less intensive/less appropriate care by seeking services in a skilled nursing, home health or limited outpatient therapy setting; or forego Comprehensive Physical Rehabilitation treatment altogether. Further, these individuals cannot easily be followed through the continuum of care by their personal physician if they are to travel to receive needed Comprehensive Physical Rehabilitation services. To assess the need for Comprehensive Physical Rehabilitation beds within the NCH service area, NCH, with assistance from RehabCare, evaluated several factors:

1) historic referrals of NCH inpatients discharged to rehabilitation services at other hospitals, 2) projections based on these historic referrals, and 3) estimation of the internally generated rehabilitation average daily census for NCH medical-surgical discharges for a twelve (12) month period. This estimation is based on a methodology that categorizes such discharges into Rehabilitation Impairment Codes (RICs), a patient classification system established by the Center for Medicare and Medicaid Services (CMS) to document conditions that justify Medicare coverage for patients requiring Comprehensive Physical Rehabilitation.

In 2013, NCH discharged 217 inpatients, who were referred to area facilities for inpatient rehabilitation care. This does not include 59 inpatients, who were discharged to nursing homes/assisted living facilities. Nor does not include 33 patients for whom a discharge destination was not listed but who went to either a hospital or a nursing home. In 2012, NCH discharged 237 inpatients for inpatient hospital rehab services. (Data are for Calendar Year).

The zip codes of residence of these patients is presented in Table 2 for each year.

These patients were referred by a large number of NCH physicians each year. 90 NCH physicians referred 217 patients in 2013; 92 physicians referred 237 patients in 2012. In 2013, 19 physicians referred 4 or more patients, accounting for 112 of the 217 patients. In 2012, 18 physicians referred 4 or more patients, accounting for 116 of the 237 patients. **Table 3** shows the number of patients referred by each of the physicians referring 4 or more patients for post acute care inpatient rehabilitation. One conclusion from this table is that the patterns and volumes of referrals for the two years are consistent and provide a baseline plan for estimating referrals for a future inpatient unit at NCH, if approved.

These 217 and 237 respective inpatients were referred to 8 inpatient hospital rehabilitation programs in 2013 and 10 inpatient rehabilitation hospitals in 2012. **Table 4** shows the referrals by hospital. Except for referrals to Alexian Brothers Medical Center, none of the other hospitals received more than 9 patients in one year. The concentration of referrals to Alexian Brothers is discussed in a later section of this permit application.

**Table 3: Patients Admitted to Inpatient Rehabilitation Hospitals Upon Discharge from NCH, by referring NCH Physician**

Physicians referring 4 or more patients	Pts referred in 2013	Pts referred in 2012
Richard Baker, MD int med	6	13
Madhukar Damera, MD int med	11	5
Michael E. Grzelak, MD int med	7	8
Andrew S. Krock, MD int med	4	4
Evgueni M. Minev, MD int med	5	6
Thomas Oryszczak, MD int med	6	6
Ghanshyam Shah, MD int med	4	4
Joseph Zerrudo, MD int med	5	5
Karen Zimmerman, MD int med	8	15
Anju Agarwal, MD int med	7	
Ruhi Askari, MD int med	5	
Ian Coehlo, MD int med	7	
Jocelyn Dejesus int med	4	
Phillip Ludkowski, MD orthopedics	6	
Yakov Ryabov, MD int med	4	
Eduard H. Sladek, MD orthopedics	4	
Matthew Strauch, MD int med	10	
Michael G. Tsinman, MD int med	5	
Catherine Wood, MD int med	4	
Tina Bhargava, MD int med		4
Richard Broderick, MD neurosurgery		6
Doron Galili, MD int med		4
Khola Hai, MD int med		7
D. Hathaway Huerta, MD int med		4
Yasmin Kagzi, MD int med		7
Nirali Rites Parikh, MD int med		6
Aleksandr Shapiro, MD int med		7
Rumana J. Siddiqui, MD family practice		5
<b>SUBTOTAL, physicians referring 4 or more</b>	<b>112</b>	<b>116</b>
<b>Total NCH pts referred by other NCH physicians</b>	<b>105</b>	<b>121</b>
<b>Total NCH pts referred to inpatient rehab</b>	<b>217</b>	<b>237</b>

Notes: In CY2013, 19 physicians referred 4 or more patients; 71 referred 3 or fewer patients  
 In CY2012, 18 physicians referred 4 or more patients; 74 referred 3 or fewer patients

**Table 4: Hospitals Providing Inpatient Rehabilitation Care to Inpatient Discharged from NCH**

Hospital	# NCH patients, 2013	# NCH patients, 2012
Alexian Brothers Medical Center	196	215
Marianjoy	7	5
Rehabilitation Institute of Chicago	5	2
Advocate Lutheran General Hospital	4	9
Presence Resurrection	2	1
Rush Univ Med Ctr JR Bowman	1	0
Evanston Hospital	1	1
Presence St. Joseph (Elgin)	1	1
OSF St. Francis (Peoria)	0	1
Carle Foundation (Urbana)	0	1
Centegra	0	1
<b>Total Patients</b>	<b>217</b>	<b>237</b>

The 217 and 237 patients discharged from NCH for inpatient rehab care is projected to form a base of future referrals to the inpatient rehabilitation program at NCH. **Appendix 1** includes letters from physicians who referred 4 or more patients in the past years for inpatient rehabilitation, expressing their intent to refer to the NCH inpatient rehab facility, if approved. For the physicians who referred 3 or fewer patients, their collective intent is addressed in a letter by Stephen Scogna, President and CEO of Northwest Community HealthCare. It is also included in Appendix 1.

In projecting the need for the Comprehensive Physical Rehabilitation unit, NCH anticipates future growth in trauma and stroke cases, which have clinical conditions that often require post acute care rehabilitation in a hospital setting. First, NCH's emergency room served over 70,000 patients in 2013. NCH's ER is the hub of its Emergency Medical Services (EMS) System. The EMS system is a coalition of 6 hospitals and 25 EMS provider agencies serving a 450 square mile area. Since 1972, NCH has served as Resource Hospital for this System.

Second, NCH also has a Primary Stroke Center certification and designation by the Joint Commission. Neurological surgeons, neurointerventional radiologists, neurologists, advanced practice nurses, critical care, ENT and vascular surgery professionals and others perform the latest treatments on patients displaying stroke systems. To advance its stroke care, NCH has partnered with the Northwestern Medical Faculty Foundation, and offers the latest minimally invasive neurointerventional procedures that can significantly diminish, if not reverse, the effects of stroke. In 2011 and 2012, NCH's Primary Stroke Center has achieved the *Get with the Guidelines*® *Stroke Gold Plus Quality Achievement Award* from the American Stroke Association and America Heart Association. This center of excellence has attracted increasing referrals of patients requiring stroke care, many of whom require inpatient rehabilitation care post discharge from NCH.

In addition, the projection of future referrals to the unit is supported by an analysis of patients at NCH who matched an RIC code, indicating that post acute care inpatient rehabilitation may be appropriate. This method estimates that there were as many as 851 NCH inpatients in FY 2013 (October 2012 – September 2013) who could have received hospital-based rehabilitation care upon discharge from NCH.

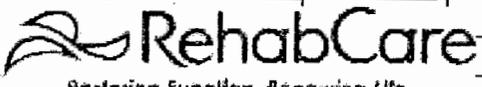
In establishing requirements for reimbursement for rehabilitation care, the US Center for Medicare and Medicaid Service (CMS) established the system of Rehabilitation Impairment Codes (RICs).

Patients with stroke, neurological, brain injury, spinal cord injury amputation, hip fractures, joint replacement or other orthopedic procedures, and other conditions match an RIC, indicating their eligibility for post acute treatment in a rehabilitation inpatient unit. Not all of these patients receive care in a Comprehensive Physical Rehabilitation unit. Instead, most are discharged to skilled nursing, home care services, LTAC, hospice, home without care services, or other disposition. It is the national experience of RehabCare, NCH's partner in the operation of the proposed unit, that 13% of the mix of NCH patients matching an RIC code actually are appropriate for admission to rehabilitation.

NCH engaged RehabCare to conduct an analysis of the determination of the need for the proposed rehabilitation facility, based on the needs of patients currently being discharged from NCH. NCH provided RehabCare with specific medical-surgical discharges by diagnosis for the period from October 1, 2012 to September 30, 2013. These medical-surgical-discharges were selected for specific ICD-9 codes which have the potential for utilization of comprehensive physical rehabilitation. All payor categories were included as potential candidates for the comprehensive physical rehabilitation unit. Utilizing RehabCare methodology developed over many years of managing Inpatient Physical Rehabilitation programs across the country, NCH's most recent 12 month period of discharge data (FY 2013) was analyzed for ICD-9 codes representing conditions requiring intensive inpatient rehabilitation. Of the patients with those ICD-9 codes, only a certain percentage for each condition was considered as potential admissions to the proposed facility. Those percentages were established based on RehabCare's conservative estimate based on its years of experience with other inpatient rehabilitation facilities.

The analysis of need for this project then applied a conservative estimate of the average length of stay specific to each of the diagnostic categories. This analysis estimates that 851 patients with an average length of stay of 12.2 days will produce an internally generated average daily census

of 28.4. The number of beds required to serve the census estimation at an 85% planning occupancy level is 33.5 or thirty four (34) beds, based solely on utilization originating from NCH's current med/surg population. This analysis is presented in **Table 5**.

Table 5						
NCH Patients matching Rehabilitation Impairment Codes and the estimation of those qualifying for inpatient Comprehensive Physical Rehabilitation (CPR), generating an expected 851 inpatient CPR cases for FY 2013						
DIAGNOSIS	RICS	# OF	% REQ.	REHAB	ALOS	REHAB
		<u>CASES</u>	<u>REHAB</u>	<u>PTS.</u>		<u>PT DAYS</u>
		<u>A</u>	<u>B</u>	<u>C</u>	<u>D</u>	<u>E</u>
Stroke - Primary	Ric 1	510	36%	183	14	2,645
Stroke - Secondary	Ric 1	64	8%	5	14	69
BI - Traumatic	Ric 2	131	21%	28	12	347
BI - NonTraumatic	Ric 3	144	15%	22	12	267
SCI - Traumatic	Ric 4	6	95%	6	15	85
SCI - NonTraumatic	Ric 5	127	23%	29	12	356
Neurological	Ric 6	85	51%	44	12	526
Fracture	Ric 7	240	61%	145	13	1,890
Joint Replacement (Other)	Ric 8	727	10%	73	9	662
Bilateral THR or Single Hip >84	Ric 8	56	11%	6	11	70
Bilateral TKR or Single Knee >84	Ric 8	39	56%	22	10	211
Other Ortho	Ric 9	183	20%	37	11	428
LE Amputation	Ric 10	115	8%	9	14	127
Other Amputation	Ric 11	9	15%	1	13	18
Osteoarthritis	Ric 12	54	5%	3	12	35
Rheumatoid	Ric 13	15	22%	3	11	38
Cardiac	Ric 14	1,245	1%	19	11	195
Pulmonary	Ric 15	485	2%	12	11	129
Pain Syndrome	Ric 16	172	5%	9	11	103
MMT no bi / sci	Ric 17	N/A	N/A	9	13	124
MMT w/ bi & sci	Ric 18	N/A	N/A	1	14	10
Guillain - Barre	Ric 19	5	19%	1	25	23
Miscellaneous	Ric 20	2,071	9%	183	11	2,011
Burns	Ric 21	0	4%	0	18	0
<b>Total</b>		<b>6,483</b>	<b>13.1%</b>	<b>851</b>	<b>12</b>	<b>10,370</b>
<b>Internally Generated IRF ADC</b>			<b>28.41</b>			
 Restoring Function. Renewing Life.						

This analysis was conducted on all patient discharges from NCH in FY 2013, 6483 of these patients matched a RIC code. This information is used to estimate potential demand for an inpatient rehab unit at NCH. The step by step calculations within Table 5 are as follows;

- 1) Of the 13,993 patients admitted to NCH from October 1, 2012 through September 30, 2013 (inpatients only, excluding observation, maternity and those under age 16), 6,483 inpatients fall into a Rehabilitation Impairment Code (RIC) – A
- 2) Utilizing RehabCare’s actual experience across the US in the admission into inpatient Comprehensive Physical Rehabilitation programs, % Requiring Rehab by RIC – B and multiplying B by the number of cases in A, yields 851 Rehab patients to be admitted for inpatient comprehensive physical rehabilitation - C.
- 3) Utilizing RehabCare’ actual average length of stay (ALOS) by RIC - D and multiplying D by the number of Rehab Patients in C yields the corresponding 10,370 Rehab Patient Days – E
- 4) Dividing the Rehab Patient Days – E by 365 days in a year, yields 28.41 Internally Generated IRF ADC

In FY 2013, 226 (only 3.5% of NCH’s 6483 patients) were actually admitted for hospital rehabilitation. 226, from this separate data analysis, is consistent with the 217 and 237 patients in CY2013 and CY2012. The implication is that a significant number of NCH inpatients qualifying for and requiring inpatient Comprehensive Physical Rehabilitation were not obtaining that level of care at all or receiving only less intensive rehabilitation service in a skilled nursing environment.

Based on this information, NCH has conservatively estimated that 10% of patients matching a RIC code would demonstrate a demand for inpatient rehabilitation service. This would equate to an annual demand by 648 patients (10% of 6483) for inpatient rehabilitation care. The 10% conversion of patients matching a RIC code is more conservative than the 13% resultant calculation found on Table 5.

NCH conducted further investigation of the expected ALOS for the new unit, to determine whether the national experience of RehabCare and a 12.2 day suggested length of stay was appropriate. It is noted that ALOS for patients at the 11 inpatient rehabilitation units in HSA-7 is 13.35 days (Hospital Profiles, Year 2012). The decision was made to select an ALOS of 12.7 days, less than the HSA average, but more than RehabCare’s nationally based experience. This ALOS also recognizes that a start-up program requires time to operationalize procedures and practices and work out efficiencies in patient management.

Not all 648 patients could be accommodated in the proposed 17 bed unit. 17 beds at 85% occupancy with a 12.7 day average length of stay can accommodate 415 patients a year. The remaining 233 patients (648 – 415) would continue to be referred to Alexian Brothers and other facilities in the area, reflecting a similar referral volume as in the past two years.

NCH conducted additional analysis in order to provide a comparison of the actual use rate from internal med/surg case which matches a RIC and the number of case that were referred to inpatient Comprehensive Physical Rehabilitation. Utilizing COMPdata for all HSA 7 Acute care

hospitals for the period from October 1, 2012 through September 30, 2013, **Table 6** reflects these results. Generally HSA 7 hospitals with CPR beds have a higher use rate than those hospitals without CPR beds. This confirms NCH experience with its own patient have less access to CPR beds than most HSA 7 CPR providers.

**Table 6**  
**Analysis of HSA 7 Hospitals Use Rate for Comprehensive Physical Rehabilitation (CPR)**

HOSPITAL NAME	MED/SURG RIC Match	Actual Discharges to CPR	Actual Discharges to CPR Use Rate
WESTLAKE HOSPITAL	1,249	145	11.6%
ALEXIAN BROTHERS MEDICAL CENTER	7,101	803	11.3%
LOYOLA UNIVERSITY MEDICAL CENTER	8,179	854	10.4%
ADVOCATE LUTHERAN GENERAL HOSPITAL	8,120	817	10.1%
<del>INGALLS HOSPITAL</del>	<del>5,442</del>	<del>520</del>	<del>9.6%</del>
<del>NORTHSHORE UNIVERSITY HEALTHSYSTEM EVANSTON HOSPITAL</del>	<del>4,197</del>	<del>325</del>	<del>7.7%</del>
FRANCISCAN ST JAMES HEALTH/CHICAGO HEIGHTS	3,092	183	5.9%
ADVOCATE CHRIST HOSPITAL & MEDICAL CENTER	13,906	738	5.3%
RUSH OAK PARK HOSPITAL	1,980	76	3.8%
<b>HSA 7 Acute Care Hospitals with CPR</b>	<b>53,266</b>	<b>4,461</b>	<b>8.4%</b>

HOSPITAL NAME	MED/SURG RIC Match	Actual Discharges to CPR	Actual Discharges to CPR Use Rate
LOYOLA GOTTLIEB MEMORIAL HOSPITAL	680	61	9.0%
CENTRAL DUPAGE HOSPITAL	8,555	741	8.7%
ADVENTIST HINSDALE HOSPITAL	3,644	252	6.9%
ST ALEXIUS MEDICAL CENTER	4,724	322	6.8%
ELMHURST MEMORIAL HOSPITAL	5,340	295	5.5%
ADVOCATE GOOD SAMARITAN HOSPITAL - DOWNERS GROVE	12,618	573	4.5%
NORTHWEST COMMUNITY HOSPITAL - ARLINGTON HEIGHTS	6,483	226	3.5%
WEST SUBURBAN MEDICAL CENTER	2,807	98	3.5%
PRESENCE ST FRANCIS HOSPITAL - EVANSTON	2,915	98	3.4%
EDWARD HOSPITAL	7,546	233	3.1%
ADVENTIST LAGRANGE MEMORIAL HOSPITAL	3,149	91	2.9%
MACNEAL HOSPITAL	4,509	121	2.7%
METROSOUTH MEDICAL CENTER	3,158	84	2.7%
FRANCISCAN ST JAMES HEALTH/OLYMPIA FIELDS	3,406	90	2.6%
ADVENTIST GLENOAKS HOSPITAL	909	19	2.1%
ADVOCATE SOUTH SUBURBAN HOSPITAL	4,082	79	1.9%
LITTLE COMPANY OF MARY HOSPITAL & HEALTHCARE CENTERS	4,618	84	1.8%
NORTHSHORE UNIVERSITY HEALTHSYSTEM SKOKIE HOSPITAL	3,522	56	1.6%
NORTHSHORE UNIVERSITY HEALTHSYSTEM GLENBROOK HOSPITAL	4,448	64	1.4%
PALOS COMMUNITY HOSPITAL	6,827	55	0.8%
<b>HSA 7 Acute Care Hospitals without CPR</b>	<b>93,940</b>	<b>3,642</b>	<b>3.9%</b>

The estimate of 648 inpatients a year is likely to be conservative for an additional reason. Over 80% of NCH's patients referred to comprehensive inpatient rehabilitation are Medicare patients. The Medicare population in NCH's primary and secondary service area is increasing. As shown later in Table 9, the population over age 65 within 30 minute travel times of NCH is projected to increase by over 47,000 (16.73%) from 2014 to 2019, while the general population for the same area is projected to increase by 1.35%. This dynamic growth in the over-65 population cohort will cause additional demand for all area hospital rehabilitation programs.

**Table 7** incorporates the actual referral information for the past two years with the RehabCare methodology to support the case that the proposed unit will be operating at capacity within 2 years after opening of the unit.

**Table 7**

<b>UTILIZATION – Inpatient Rehabilitation</b>			
<b>YEAR</b>	<b>HISTORIC REFERRALS TO AREA REHAB HOSPITALS (PATIENTS)</b>	<b>PROJECTED UTILIZATION OF NEW UNIT</b>	<b>MET STANDARD (85%)?</b>
2012	237		
2013	217		
2014	217 (projected)		
2015 (Year 1)		330	No
2016 (Year 2)		415*	Yes

\*Anticipated demand by NCH inpatients who match an RIC code and are admitted for inpatient rehabilitation is 648 patients. 415 are projected to be admitted to the proposed NCH unit; 233 are projected to continue to be referred to area hospitals.

4. 1110.630(b)(4) Planning Area Need - Service Demand – Expansion of Comprehensive Physical Rehabilitation

Not applicable; this is not a project expanding an existing service.

5. 1110.630(b)(5) Planning Area Need – Service Accessibility

There is evidence that there are limitations of service in NCH's service area that result in restricted access to care for NCH patients requiring inpatient rehabilitation. To our knowledge, none of these limitations are related to restrictive admissions practices at area providers or payor status of patients. Some objective indicators of limited access are:

- Only 3.5% of NCH Medicare patients matching Rehabilitation Impairment Codes are admitted to inpatient rehab facilities, compared to the resultant calculation of 13% in Table 5.
- There have been numerous, rather than occasional, occurrences when NCH patients have been discharged to nursing homes or home care services when attempts for admission to inpatient rehabilitation hospital units have not been successful. In 2013, there were 29 NCH

patients who were referred to but not admitted to inpatient rehabilitation services upon discharge from NCH.

- For the geographic area defined by 30 minute travel times from NCH, the ratio of rehab beds per 1000 population of .090 is significantly below the State average of 0.132 and the HSA 7 average of 0.143.
- For the geographic area defined by 30 minute travel times from NCH, the “experienced use rate” of 0.025 is significantly less than the State’s experienced use rate of 0.317 and the HSA 7 rate of 0.037.

The first of these issues was previously described. Additional information on the other three factors is presented below, and in the section on Unnecessary Duplication / Maldistribution.

According to NCH Case Management, there are several reasons why patients needing inpatient rehabilitation services are not being admitted to or receiving those services:

- no beds available at Alexian Brothers, which has had occupancies over 85%. In 2013, 31 referrals to Alexian Brothers were not admitted there, often because a bed was not available.
- Alexian Brothers is the closest of the three hospitals with inpatient rehabilitation units within 30 minutes travel time of NCH. In the most recent Hospital Profile\* information published (Year 2012), its occupancy was reported at 89.4%, exceeding the State occupancy standard of 85%. In March, 2014, Alexian Brothers added 6 beds to increase its rehabilitation unit size to 72 beds.
- family preference for close facilities, and settling for care at skilled nursing facilities.
- bed limitations at area inpatient facilities, giving priority to their acute patients requiring admission to inpatient rehabilitation (See Table XX).
- limitations at area inpatient rehab facilities due to the regulatory requirement that such facilities have no less than 60% of their admissions in 13 diagnostic categories (the requirement that rehabilitation facilities be “comprehensive.”)

One of the results of limited rehab bed availability in NCH primary and secondary service area is a higher LOS for NCH acute patients seeking admission to a Comprehensive Physical Rehabilitation program. Last year, discharge delays while waiting for arrangements to be finalized or beds to become available extended NCH patient LOS by 0.5 to 2.74 days.

**Table 8** lists all inpatient rehabilitation facilities within 45 minute travel times from NCH. This area includes hospitals in HSAs 6 and 8, as well as HSA 7. Appendix II includes the MapQuest calculations of travel times to hospitals within 45 minutes of NCH. While there is available capacity at many of these hospitals, some are more distant than NCH patient families are willing or able to travel, and there are not established referral arrangements based on medical staff relationships.

**Table 8: Hospitals with Inpatient Rehabilitation Units within 45 minutes adjusted travel time of NCH**

Rehabilitation Hospital	City	Distance from NCH (miles)	Travel Time (min)	Adjusted Travel Time (1.15 factor)	% occupancy (CY 2012)	# of rehab beds (CY 2012)
<b>HSA 6</b>						
Presence Resurrection	Chicago	13.37	18	20.7	60.8%	65
Advocate Illinois Masonic	Chicago	22.34	30	34.5	61.3%	22
Louis A. Weiss	Chicago	21.18	32	36.8	42.7%	26
Mercy Hospital and Medical Center	Chicago	28.38	35	40.2	45.9%	24
Presence St. Joseph Hospital	Chicago	22.93	32	36.8	39.0%	23
Presence St. Mary of Nazareth	Chicago	22.24	30	34.5	62.5%	15
Rehabilitation Institute of Chicago	Chicago	25.30	33	38.0	88.3%	182
Rush University Med Ctr	Chicago	25.79	32	36.8	56.5%	59
Schwab Rehabilitation Ctr	Chicago	27.96	35	40.2	65.7%	81
Shriners Hospital for Children	Chicago	17.39	28	32.2	20.9%	6
Swedish Covenant Hospital	Chicago	18.98	27	31.0	56.2%	25
University of Illinois Hospital	Chicago	26.22	34	39.1	59.2%	18
<b>HSA 7</b>						
Adventist LaGrange	La Grange	25.91	31	35.7	83.1% <sup>(1)</sup>	16
Advocate Lutheran General Hospital	Park Ridge	7.52	14	16.1	74.8%	45
Alexian Brothers Med Ctr	Elk Grove Village	5.66	10	11.5	89.4%	66 <sup>(2)</sup>
Evanston Hospital	Evanston	15.99	31	35.7	68.9%	22
Loyola University Med Ctr Foster G. McGaw Hospital	Maywood	23.46	27	31.0	78.9%	32
Marianjoy Rehabilitation Ctr	Wheaton	21.32	31	35.7	82.2%	108
Rush Oak Park Hospital	Oak Park	25.07	30	34.5	12.3%	36
VHS Westlake Hospital	Melrose Park	18.07	27	31.0	31.5%	40
<b>HSA 8</b>						
Presence St. Joseph Hospital	Elgin	22.58	29	33.3	96.1%	40
Vista Medical Center West	Waukegan	30.52	38	43.7	49.8%	25

Sources:

MapQuest Travel Times (see Appendix 1)  
 Inventory of Health Care Facilities and Services and Need Determinations, 8/14/2013  
 Hospital Data Profiles and Annual Bed Report, Revised CY 2012 Profiles

Footnotes:

- (1) Occupancy based on 15 beds at Adventist Hinsdale Hospital
- (2) Alexian Brothers added 6 beds in March 2014 to increase total to 72

6. 1110.630(c)(1) Unnecessary Duplication / Maldistribution

**Table 9** lists zip codes within 30 minute travel times from NCH; **Figure 2** is the accompanying map showing those zip codes. Table 9 also shows 2014 and 2019 population estimates for the defined geographic area. Analysis of data related to this geographic area demonstrates access limitations for hospital-based rehabilitation services for residents of this area, and supports the claim that the addition of a 17 bed unit at NCH will not result in a maldistribution of services.

There are only three inpatient rehabilitation hospital units within the entire area defined by 30 minute travel time:

Hospital	City	Adjusted Travel Time	Occupancy Year 2012	Beds Year 2012
Alexian Brothers	Elk Grove Village	10 minutes	89.4%	66*
Lutheran General	Park Ridge	14 minutes	74.8%	45
Presence Resurrection	Chicago	18 minutes	60.8%	65

\*Alexian Brothers added 6 beds for a total of 72 bed, March 2014

Collectively, these hospitals have a total of 176 inpatient beds (in 2012, the most recent year reported in the State hospital inventory). For a year 2012 population of 1,952,444 in the defined geography, the ratio of beds to 1000 population is 0.090. As shown in the following table, that ratio is 37% less than the HSA 7 average of 0.143 beds per 1000 population, and 32% less than the entire State of Illinois average of 0.132. (The most current State and HSA data are for year 2010.) These ratios indicate a significantly lower supply of inpatient rehabilitation beds for this area.

Another measure of the lack of facilities in the 30 minute travel area is the “experienced use rate.” This metric is the ratio of patient days to resident population. Collectively, the three hospitals in the defined service area accommodated 48,254 patient days in 2012. For the population of 1,952,444, the experienced use rate is 0.025. This is much less than the HSA 7 rate of 0.037 and the State of Illinois rate of 0.0317. **Table 10** presents this information.

The proposed 17 bed unit will not result in the maldistribution of facilities in the HSA. One of the State’s criteria for determining maldistribution is when the identified area (within the planning area) has a supply of beds that result in a ratio of beds to population that exceeds one and one half times the State average. Based on the information we have, the State average is 0.132 beds per 1000 population. One and one half times 0.132 is 0.198. The ratio of beds to 1000 population for the area defined by 30 minute travel times from NCH is 0.090. Including the proposed 17 bed project and the 6 beds added in March 2014 at Alexian Brothers Medical Center, the ratio of beds to population would be 0.102 in this defined geography, significantly less than the 0.198 that would indicate maldistribution.

**Table 9: Zip Codes within 30 minutes travel time of NCH**

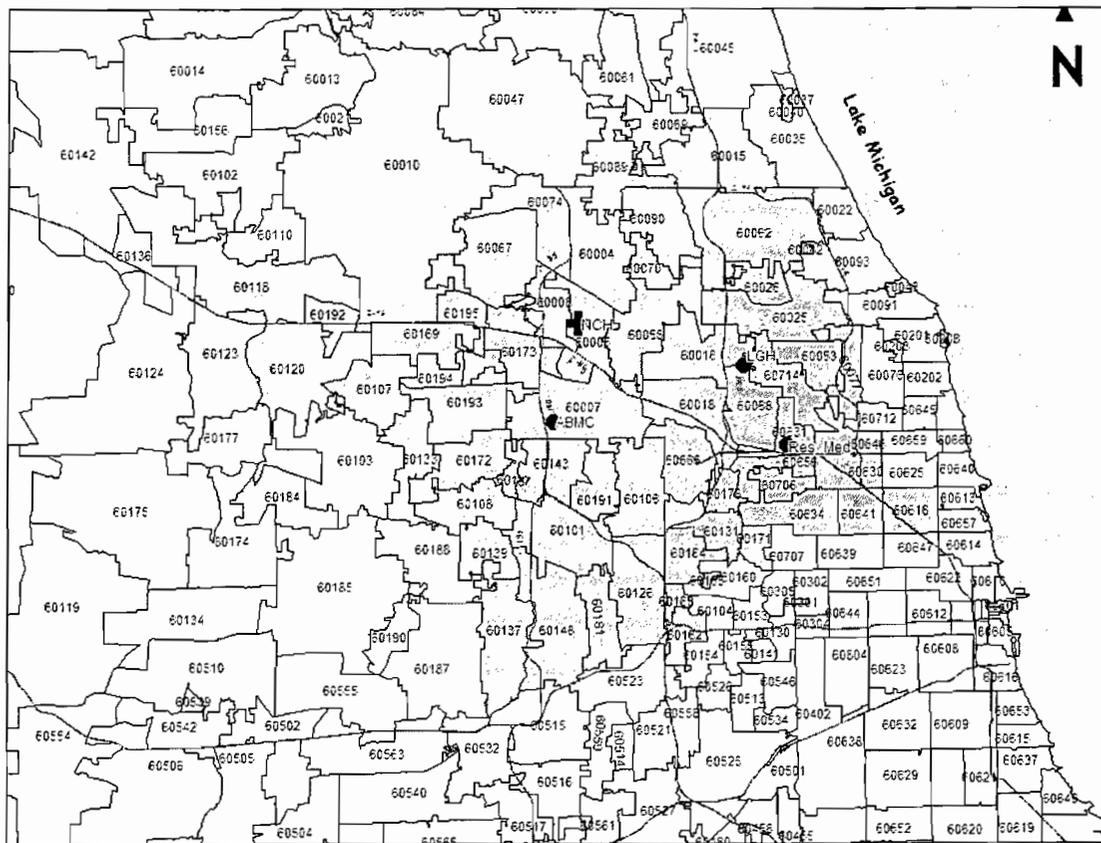
ZIP	Name	Total Population			Population over 65		
		2014	2019	% change	2014	2019	% change
60004	Arlington Heights	50,838	51,253	0.82%	8765	9933	13.33%
60005	Arlington Heights	30,252	30,473	0.73%	5446	5991	10.01%
60007	Elk Grove Village	33,410	33,462	0.16%	5398	6238	15.56%
60008	Rolling Meadows	23,203	23,766	2.43%	3084	3485	13.00%
60010	Barrington	44,581	44,880	0.67%	7801	9343	19.77%
60015	Deerfield	25,888	25,611	-1.07%	3923	4633	18.10%
60016	Des Plaines	61,339	62,880	2.51%	10270	11906	15.93%
60018	Des Plaines	30,438	31,349	2.99%	4452	5136	15.36%
60025	Glenview	40,049	40,693	1.61%	7583	8623	13.71%
60026	Glenview	14,088	15,012	6.56%	2886	3330	15.38%
60029	Golf	325	330	1.54%	55	65	18.18%
60047	Lake Zurich	40,942	41,143	0.49%	4684	6225	32.90%
60053	Morton Grove	23,222	23,515	1.26%	4945	5515	11.53%
60056	Mount Prospect	55,448	56,001	1.00%	9055	10073	11.24%
60061	Vernon Hills	26,350	26,366	0.06%	2842	3672	29.20%
60062	Northbrook	39,817	40,062	0.62%	9743	10756	10.40%
60067	Palatine	39,445	40,334	2.25%	5670	6904	21.76%
60068	Park Ridge	37,760	37,993	0.62%	7110	7994	12.43%
60069	Lincolnshire	8,778	8,882	1.18%	2240	2506	11.88%
60070	Prospect Heights	15,196	15,295	0.65%	2332	2706	16.04%
60074	Palatine	40,080	41,306	3.06%	4186	5039	20.38%
60077	Skokie	27,629	28,611	3.55%	5488	6201	12.99%
60089	Buffalo Grove	41,587	41,197	-0.94%	6229	7647	22.76%
60090	Wheeling	39,169	40,357	3.03%	5528	6540	18.31%
60101	Addison	39,278	39,996	1.83%	4769	5621	17.87%
60106	Bensenville	20,573	20,806	1.13%	2538	2944	16.00%
60107	Streamwood	40,006	40,904	2.24%	3869	4891	26.42%
60108	Bloomington	23,320	23,687	1.57%	4105	4856	18.29%
60118	Dundee	15,939	15,892	-0.29%	2239	2682	19.79%
60120	Elgin	52,662	53,704	1.98%	4019	5066	26.05%
60123	Elgin	47,735	48,064	0.69%	5485	6350	15.77%
60126	Elmhurst	46,934	47,472	1.15%	7132	8098	13.54%
60131	Franklin Park	18,155	18,141	-0.08%	2159	2485	15.10%
60133	Hanover Park	37,913	38,441	1.39%	2937	3948	34.42%
60137	Glen Ellyn	38,897	39,461	1.45%	5614	6673	18.86%

60139	Glendale Heights	35,030	35,962	2.66%	3172	4083	28.72%
60143	Itasca	10,188	10,419	2.27%	1707	2033	19.10%
60148	Lombard	52,657	53,699	1.98%	7694	8989	16.83%
60157	Medinah	2,526	2,535	0.36%	408	490	20.10%
60162	Hillside	8,411	8,545	1.59%	1286	1454	13.06%
60163	Berkeley	5,152	5,226	1.44%	761	890	16.95%
60164	Melrose Park	22,278	22,553	1.23%	2,823	3,188	12.93%
60165	Stone Park	5,149	5,151	0.04%	344	388	12.79%
60169	Hoffman Estates	33,016	33,549	1.61%	3,869	4,721	22.02%
60171	River Grove	10,470	10,600	1.24%	1,401	1,694	20.91%
60172	Roselle	24,894	25,246	1.41%	3,158	4,088	29.45%
60173	Schaumburg	13,161	13,737	4.38%	1,150	1,487	29.30%
60176	Schiller Park	11,820	12,025	1.73%	1,392	1,635	17.46%
60181	Villa Park	28,665	28,862	0.69%	3,637	4,263	17.21%
60191	Wood Dale	14,962	15,227	1.77%	2,501	2,900	15.95%
60192	Hoffman Estates	16,409	16,848	2.68%	1,824	2,438	33.66%
60193	Schaumburg	41,318	41,990	1.63%	6,270	7,363	17.43%
60194	Schaumburg	20,809	21,042	1.12%	3,091	3,794	22.74%
60195	Schaumburg	5,267	5,416	2.83%	367	464	26.43%
60618	Chicago	92,408	92,899	0.53%	7,870	9,145	16.20%
60630	Chicago	54,190	54,516	0.60%	7,541	8,569	13.63%
60631	Chicago	29,064	29,267	0.70%	5,674	6,215	9.53%
60634	Chicago	75,693	76,809	1.47%	10,913	12,738	16.72%
60641	Chicago	71,260	70,976	-0.40%	7,266	8,682	19.49%
60646	Chicago	26,754	26,837	0.31%	4,968	5,453	9.76%
60656	Chicago	28,926	30,040	3.85%	4,892	5,522	12.88%
60706	Harwood Heights	22,652	22,942	1.28%	5,028	5,531	10.00%
60714	Niles	30,350	30,911	1.85%	8,024	8,755	9.11%
Total 30-Minute		1,964,725	1,991,168	1.35%	283,612	331,047	16.73%

Sources: MapQuest; Truven Health Analytics, Nielson

Figure 2

Zip Codes within 30 Minute Travel Times of NCH



**Table 10: The Geographic Area Defined by 30 Minutes Travel Times from NCH has significantly lower utilization of Comprehensive Physical Rehabilitation than the State of Illinois and HSA-7**

	State of Illinois (Year 2010) <sup>(1)</sup>	HSA-7 (Year 2012) <sup>(2)</sup>	30 Minute Travel Time Area (Year 2012) <sup>(3)</sup>
Inpatient Rehab Beds	1,695	476	176
Rehab Patient Days	406,560	123,916	48,254
Base Year Population	12,842,000	3,337,000	1,952,444
Beds to 1000 Population	0.132	0.143	0.090
Planning Area Experience Use Rate	0.0317	0.037	0.025

Notes:

- (1) All Year 2010 data in this column are from the Inventory of Health Care Facilities and Services and Need Determination, 8/14/2013. Page D-8
- (2) Same source, supplemented by Year 2012 Facilities Profiles and Summary Sheets
- (3) In Year 2012, the hospital inpatient rehab units in the 30 minute travel time geography totaled 176 beds (Alexian Brothers – 66, Lutheran General – 45, Presence Resurrection – 65; Alexian Brothers added 6 beds, and Adventist added 1 bed, in 2014), Facility Profiles and Summary Data Sheets Year 2012. Population of 1,952,444 was interpolated from 1,940,164 in 2010 and 1,964,725 in 2014.

7. 1110.630(c)(3) Impact of Project on Other Area Providers

NCH anticipates that the unit will be fully utilized within two years after opening, accommodating 415 inpatients per year with a 12.7 day average length of stay. This unit size is based in part on the size of a floor in the original hospital building available to accommodate inpatient rehabilitation. The method of projecting utilization based on conversion of patients who match Rehabilitation Impairment Codes to inpatients indicates a potential demand by 648 NCH inpatients for post discharge rehabilitation care. This would allow the full utilization of a new unit at NCH for 415 patients, while continuing to refer over 233 (= 648 - 415) inpatients to Alexian Brothers and other inpatient rehabilitation hospitals.

As a result, there will be no detrimental impact on other facilities due to the establishment and operation of a 17 bed rehabilitation unit at NCH. The new program will not lower the utilization of other area providers below the 85% level, or lower the occupancies of other area hospitals that are now operating below 85%.

Letters of Support from area providers are included in Appendix 4.

8. 1110.630(e(1) and (2) Staffing

As the rehabilitation unit at NCH represents a new category of service for the Hospital, there is no present staffing. There is significant interest by members of the NCH team as demonstrated by the names and letters of interest in **Appendix 3**.

NCH will meet all licensing requirements set forth by the State of Illinois as well as all staffing standards established by the Joint Commission and Commission on Accreditation of Rehabilitation Facilities (CARF).

NCH will be responsible for recruiting nursing and secretarial staff. The Hospital anticipates little difficulty in filling these positions. The techniques utilized by the Hospital in recruiting staff include newspaper and professional journal advertisements, participation in career/job fairs, notification of professional associations and employee referrals.

RehabCare will recruit the remaining rehabilitation unit staff. Where local professionals are available, RehabCare will make every effort to recruit these individuals. In addition, as a nationwide corporation, RehabCare has a service network which includes a large pool of qualified professionals upon which to draw. RehabCare has an established team of recruitment specialists, experienced in the recruitment of rehabilitation professionals, a computer database of qualified candidates, a strategic plan for targeting appropriate academic institutions as well as a defined set of policies and procedures for all recruitment activities.

Rehabilitation Unit Staff

The unit will be staffed by an interdisciplinary treatment team comprised of the following members:

**Medical Director** will be a physician licensed to practice medicine in the State of Illinois with three (3) years of post graduate specialty training in the medical management of patients requiring inpatient rehabilitation services. The Medical Director will provide the medical administration and medical management for the Program. The Medical Director will accept patient referrals from medical referral sources, as well as from doctors on staff who do not wish to follow their own patients.

**Program Director**, the management representative for the Hospital administration, will be responsible for developing an interface between the program and the existing resources in the community. The Program Director will also be responsible for community development of workshops and seminars for professional groups such as clergymen, attorneys and the general public. The Program Director will develop and coordinate the team approach to providing rehabilitation services with the interdisciplinary team of rehabilitation professionals.

**Registered Physical Therapist (R.P.T.)** will be concerned with the identification of the patient's physical status and subsequent rehabilitation to maximize functional physical capabilities.

**Registered Occupational Therapist (O.T.R.)** will treat individuals with developmental, physical, and/or psychosocial dysfunctions. Occupational therapy is concerned with the total life role of the individual, his/her ability to function at home and in the community. Its goals include the remediation of physical and emotional deficits, minimizing the disability effects of a handicap, and the development of attitudes and skills basic to independent functioning.

**Speech/Language Pathologist** (five (5) years – Master’s level) will be concerned with the identification, diagnosing and treatment of problems of speech and language that interfere with the normal communications process. The ultimate goal is to help the patient achieve the necessary speech and language skills to communicate verbally and/or nonverbally effectively in his/her environment. This goal is obtained through patient evaluations, direct therapy, consultation and in-service.

**Social Worker** (Master’s level) will be responsible for a complete social history on the patient and the patient’s family; and also will conduct family group counseling and other social services, as required, to meet the needs of the patients and their families. A Bachelor’s level Social Worker will assist throughout much of this process.

**Psychologist (Ph.D)** will be responsible for psychological evaluation of all patients requiring individual counseling and neuropsychological testing.

**Nurse Supervisor** Bachelor’s Degree Registered Nurse (R.N.) with experience and education in physical rehabilitation will be responsible for the management and nursing care of patients and the scheduling and management of other nursing personnel.

Following are a list of the positions and names of individuals who have indicated interest in the staff positions for this service or are currently employed at NCH providing these services. The letters of intent, current licenses and resumes are included in Appendix 3.

Position	Name
Medical Director	Ricardo G. Senno, MD, MS, FAAPMR
Physiatrists	Ricardo G. Senno, MD, MS, FAAPMR
Rehabilitation Nursing Supervisor	Diane Ryzner, RN
Registered Nurses	Dina Lipowich, MSN, RN, NEA-BC Michelle Cavanaugh Velina Maximova, RN, BSN Sofia German, RN Jessica Sia, RN Dana M. Sellers, RN Sunita Stone-Lyon, RN Kristen Jakacki, RN Marchill DeBeauvoir, RN
Physical Therapist	Seema Ganjawalla, PT Jennifer Stepaniuk, PT, DPT DeAnne Royer, MPT Margaret Zajac-Krupinski, PTA
Occupational Therapist	Jamie Rieb, ORT/L

Social Worker	Angela Lubowicki, LCSW
Speech Pathologist	Lainie O'Donnell, MA, CCC-SLP
Psychologist	To be assigned
Vocational Counselor	Marquita Robinson-Altman, OTRL
Dietician	Chris Eastburn
Pharmacist	Jason Alonzo, PhD, pharmacy director
Audiologist	Mary Cay Chisholm, AuD., CCC-A
	Northwest Speech and Hearing Service
Prosthetists/Orthotists	Gene Bernadoni, Ballert Orthotic & Prosthetic Services
Dentist	Jiao Cheng, DDS

Several of these positions will be filled by assignment from clinical departments at NCH, such as pharmacy, and through professional service contracts now in place, such as Ballert Orthotic and Prosthetic Service, a current vendor, and Northwest Speech and Hearing Services, which as an office on site at NCH. Diane Ryzner will be the nurse manager on the new unit. She is currently a board certified ortho clinical nurse specialist at NCH, and will obtain certification in rehabilitation nursing in preparation for the unit opening.

9. 1110.630(f) Performance Requirements

- 1) The minimum freestanding facility size for Comprehensive Physical Rehabilitation is a minimum facility capacity of 100 beds
- 2) The minimum hospital unit size for Comprehensive Physical Rehabilitation is 16 beds.

This proposed project is for 17 Comprehensive Physical Rehabilitation beds and therefore meets the minimum performance requirement.

10. 1110.630(g) Assurances

Attached is a letter from Stephen O. Scogna, President and CEO of Northwest Community Healthcare, attesting that the 17 bed unit will achieve the State standard of 85% occupancy by the second year of operation after project completion.



May 5, 2014

Ms. Courtney Avery  
Administrator  
Illinois Health Facilities and  
Services Review Board  
525 West Jefferson Street, 2nd floor  
Springfield, IL 62761

Dear Ms. Avery,

I hereby certify and attest to the understanding and commitment by Northwest Community Hospital that the new inpatient rehabilitation service will achieve the 85% occupancy standard in Illinois Administrative Code 1100 within two years of operation after project completion.

Sincerely,

A handwritten signature in black ink, appearing to read "SA", written over a horizontal line.

Stephen O. Scogna  
President and CEO

**1120.120 – Availability of Funds**

Not applicable. See attached proof of bond rating.

# RatingsDirect®

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## Illinois Finance Authority Northwest Community Hospital; Hospital

**Primary Credit Analyst:**

Martin D Arrick, New York (1) 212-438-7963; martin.arrick@standardandpoors.com

**Secondary Contact:**

Brian T Williamson, Chicago (1) 312-233-7009; brian.williamson@standardandpoors.com

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# Illinois Finance Authority Northwest Community Hospital; Hospital

## Credit Profile

### Illinois Finance Authority (Northwest Community Hospital) ICR

<i>Long Term Rating</i>	A+ / Stable	Affirmed
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### Illinois Fin Auth, Illinois

Northwest Comnty Hosp, Illinois

### Illinois Finance Authority (Northwest Community Hospital), series 2008A

<i>Long Term Rating</i>	A+ / Stable	Affirmed
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## Rationale

Standard & Poor's Ratings Services has affirmed its 'A+' long-term rating on the Illinois Finance Authority's series 2008A bonds issued on behalf of Northwest Community Hospital (NCH). In addition, we affirmed our 'A+' issuer credit rating (ICR) on NCH. The ICR reflects our view of NCH's credit quality without regard to any specific debt issue. The outlook remains stable.

Standard & Poor's also rates the authority's series 2008B and 2008C bonds 'A+ / A-1' based on a letter of credit (LOC) from JPMorgan Chase Bank N.A. that expires on Dec. 1, 2016. The long- and short-term components of the dual rating reflect our assessment of the bank's credit quality.

The affirmation reflects our view of NCH's strong balance sheet, combined with a sound business position in a competitive market. We also note that a new management team under the leadership of the prior CFO is improving NCH's financial operations and assessing its overall strategy and business position. We believe the substantial financial improvement in operations demonstrated in fiscal 2012 and in the current year to date through March 31, 2013, after operating losses over the prior three fiscal years, is sustainable despite inpatient volume declines. NCH's sizable commercial insurance base and suburban service area 25 miles northwest of downtown Chicago are additional credit strengths. Credit risks include declining inpatient volumes and growing competition from larger health care systems, and an emerging affiliation strategy for this single-site provider that is only now considering larger partnerships, although a full merger is not currently contemplated.

More specifically, the 'A+' rating reflects our view of NCH's:

- Strong balance sheet with excellent liquidity, solid cash to debt, moderate leverage, and no additional debt plans;
- Strong but declining primary inpatient market share, although the broader service area is very competitive with some local competition and outmigration to the large Chicago medical centers;
- Improving, though still only adequate operating income generating improving and sound maximum annual debt service (MADS) coverage, combined with our expectation that income will, at a minimum, stabilize at current levels; and

- Expansion of the employed medical staff with plans to accelerate this growth over the next few years.

Partially offsetting credit risks include a negative inpatient admissions trend, in part, due to a growing number of observation stays, as well as broad industry trends to reduce inpatient admissions and lower annual reimbursement increases. Longer term considerations include NCH's position as a stand-alone provider competing in a consolidation market among Chicago providers with a growing list of mergers in the larger market. The rating also reflects NCH's emerging strategy of growing the number employed physicians, who in total are incurring increased subsidies, although these subsidies have been manageable to date.

A revenue pledge of the NCH obligated group secures the series 2008A bonds. The obligated group includes the hospital, the parent, and the day surgery center. Nonobligated entities include a small foundation, a casualty insurance company, and a physician corporation. The obligated group constitutes 95% of revenues, 98% of cash and investments, and roughly 97% of total assets. However, this analysis and all the numbers cited in this report reflect the entire NCH system. NCH is not currently contemplating additional debt and we expect capital expenditures will likely remain low in light of NCH's recently completed capital additions and relatively low average of plant.

NCH is party to one basis swap agreement, with Goldman Sachs as the counterparty. The notional amount is \$76 million and is not considered a credit risk given NCH's large unrestricted reserves.

## Outlook

The stable outlook reflects our opinion of that NCH and its management team will be able to maintain its strong financial profile despite some concerns about changes to the business base. A higher rating would depend on sustained coverage above 5x MADS, combined with stabilized business volumes. We would base a lower rating or negative outlook on persistent loss of business volumes, combined with MADS coverage of under 3.5x and a sharp decline in unrestricted investments to less than 110% of debt.

## Enterprise Profile

### Operations

NCH is a 433 staffed-bed acute-care provider in Arlington Heights, 25 miles northwest of Chicago. Although the area is very competitive, market share in the hospital's core primary market is strong, in our view, at 52% through first-quarter 2013, but down from almost 58% a few years ago. Advocate affiliates (Lutheran General Hospital and Good Shepherd) and Alexian Brothers Medical Center and St. Alexius Medical Center (both part of Ascension Health) draw a 22% share combined from the market.

NCH has experienced declining inpatient admissions every year beginning in 2010 due to deferred elective procedures and a move of inpatient admissions to observation stays. Management reports efforts to more accurately classify patients are part of a broader effort to address this trend, but inpatient volume drops appear to be continuing with a 10% drop in the six months ended March 31, 2013, versus the prior year's comparable period.

Inpatient acute-care admissions for 2012 were 20,143, down 11.9% from 22,863 in fiscal 2011, and down 17.2% from

2010. Equivalent inpatient admissions were also down. Observation stays increased significantly to 9,709 in fiscal 2012 from 8,275 in fiscal 2011 and 4,890 the prior year. Inpatient volume for the six months ended March 31, 2013 is also lighter at 9,313 and also reflected growing observation stays, which have continued to climb since 2010. Total surgeries also declined in fiscal 2012 to 16,644 from 17,184 the prior year, although the rate of decline seems to have slowed in the current year with over 8,000 surgeries year to date. Inpatient case mix rose to 1.64 for the year to date from 1.60 for fiscal 2012.

Emergency room visits increased slightly to 74,365 visits in 2012 from 73,349 in 2011. Outpatient visits have also shown growth in fiscal years 2012 and 2011 after a few years of decline and rose to 358,325 in fiscal 2012. Management believes the completion of the new emergency room in late fiscal 2011 has helped improve access and volume.

With the objective of building a closer relationship with primary-care physicians, NCH acquired Affinity Health Care, a 36-physician group, in September 2010 as well as 17 new physicians in 2012, and has continued its employed physician growth in the NCH Medical group subsidiary, which now includes a 24-hour hospitalist program. Management currently employs approximately 90 physicians and is planning to increase the number of employed physicians to a total of 200--with approximately 60% primary care and the balance specialists--by 2015.

**Table 1**

Northwest Community Hospital -- Operating Statistics				
	Six-month interim March 31, 2013	Fiscal year ended Sept. 30		
		2012	2011	2010
Inpatient Admissions	9,313	20,143	22,863	24,335
Equivalent inpatient admissions	21,089	41,698	46,390	43,835
Patient days	37,120	78,262	90,021	94,843
Observation days	5,645	9,709	8,275	4,890
Emergency room visits	36,409	74,365	73,349	74,326
Outpatient visits	176,415	358,325	336,981	320,852
Home health visits	22,229	43,248	42,924	43,952
Inpatient surgeries	2,281	4,807	5,071	5,718
Outpatient surgeries	5,747	11,837	12,113	12,347
Births	1,367	2,806	3,124	2,880
Psychiatric/Behavioral health admissions	740	1,457	1,517	1,558
Medicare case mix index	1.650	1.590	1.540	1.520
FTEs	2,850	2,988	3,023	2,887

FTE--Full-time equivalent.

**Management**

NCH has had a major series of changes in its management team since our last review. The CEO was promoted from the CFO position. A new COO and CFO were hired with a history of experience outside NCH, although they were promoted from within NCH, where they worked for the last one to three years. A new position was created to help manage insurer relations, strategy, and population health management. Under the leadership of the new CEO, NCH has been able to stabilize and improve its financial profile. In addition, the board and management are actively

updating their long-range strategic plan, which we expect will be part of upcoming reviews. We believe that these changes have shown immediate results and could signal a return to the stronger operating margins NCH has historically generated, although clearly the broad decline in business volumes will have to be addressed.

## Financial Profile

In accordance with the publication of our article, "New Bad Debt Accounting Rules Will Alter Some U.S. Not-for-Profit Health Care Ratios But Won't Affect Ratings," on Jan. 19, 2012, on RatingsDirect, we recorded NCH's 2012 audit, including the adoption of Financial Accounting Standards Board ASU 2011-07 beginning in 2012, but not in prior periods. The new accounting treatment means that NCH's fiscal 2012 and subsequent financial statistics are not directly comparable with the 2011 and prior years' results. For an explanation of how each financial measure is affected by the change in accounting for bad debt, including the direction and size of the change, please see the article cited above.

For the fiscal year ended Sept. 30, 2012, NCH had an operating gain of \$8.2 million (a 1.7% margin) following an operating loss of \$13.7 million (a negative 2.6% margin) the prior year, according to Standard & Poor's calculations. This was an improvement over the prior year, when the operating loss was \$19.3 million (a negative 4.2% margin). In the current year through March, NCH has shown continued improvement with an operating income of \$6.9 million (a 2.8% margin). Management was able to overcome declining volumes, one-time costs associated with exploration of possible merger partners, and increased subsidies for physicians to improve margins, in part through staff reductions and other cost-control initiatives. These efforts came on top of last year's extensive cost-containment program. Excess income in fiscal 2012 was \$16.9 million (a 3.4% margin), a strong improvement over the fiscal 2011 loss of \$6.8 million. Through March 31, 2013, excess income was also much improved at \$33.1 million (a 12.2% margin) on the strength of nonoperating performance. The realized investment income for the year-to-date period was unusually high as the investment portfolio was rebalanced, creating an unusually high level of realized gains, which we capture in cash flow and income. Coverage of MADS improved in fiscal 2012 to 3.4x from 2.5x in fiscal 2011. The improvement continued in the current year to 5.7x on the strength of nonoperating performance, although the extra high level of realized gains should be considered a one-time event, in our view.

NCH's balance-sheet measures are strong, in our opinion, and are a core strength of its financial profile, giving management considerable flexibility in its strategic plan development and its long-term debt policy. For fiscal 2012, unrestricted cash and investments totaled \$367.3 million (equal to 302 days' cash on hand). While this is down from historical highs, unrestricted cash and investments have improved significantly through March 31, 2013, to \$391.9 million, which we consider strong at 322 days' cash on hand and 144% of outstanding debt. The long-term debt-to-capitalization ratio of 35% is generally manageable for the rating. In addition, NCH's overall average age of plant is moderate at 9 years, reflecting the completion of their recent building projects.

NCH's overall investment allocation is reasonably conservative, with 44% of unrestricted reserves either in cash or fixed-income instruments. Equities or mutual funds equal 47% of unrestricted reserves, with 9% made up of alternative investments. Liquidity coverage of contingent liabilities, including a 10-year direct-purchase series 2011 bond issue, is sound, in our view, at more than 1x.

NCH is party to one basis swap agreement, with Goldman Sachs as the counterparty. The notional amount is \$76 million. The mark-to-market is slightly negative at slightly less than \$900,000 on June 28, 2013. NCH is not posting any collateral for this swap and given NCH's sizable reserves, we currently do not consider this swap a credit risk.

Table 2

	Six-month interim ended March 31, 2013	Fiscal year ended Sept. 30			Medians
		2012	2011	2010	Stand-alone hospital 'A+' 2012
<b>Financial Performance</b>					
Net patient revenue (\$000s)	233,731	465,668	500,771	446,164	449,298
Total operating revenue (\$000s)	245,863	489,657	518,718	461,840	MNR
Total operating expenses (\$000s)	238,983	481,423	532,425	481,166	MNR
Operating Income (\$000s)	6,880	8,234	(13,707)	(19,326)	MNR
Operating margin (%)	2.80	1.68	(2.64)	(4.18)	5.00
Net non-operating income (\$000s)	26,170	8,638	6,914	(2,496)	MNR
Excess Income (\$000s)	33,050	16,872	(6,793)	(21,822)	MNR
Excess margin (%)	12.15	3.39	(1.29)	(4.75)	7.50
Operating EBIDA margin (%)	11.63	11.35	7.71	5.25	12.20
EBIDA margin (%)	20.13	12.89	8.92	4.74	14.40
Net available for debt service (\$000s)	54,759	64,233	46,884	21,761	69,965
Maximum annual debt service (\$000s)	19,096	19,096	19,096	19,096	MNR
Maximum annual debt service coverage (x)	5.74	3.36	2.46	1.14	5.10
Operating lease-adjusted coverage (x)	5.30	3.09	2.28	1.14	4.20
<b>Liquidity and Financial Flexibility</b>					
Unrestricted cash and investments (\$000s)	391,908	367,344	329,897	349,364	365,105
Unrestricted days' cash on hand	321.8	301.9	246.4	286.7	278.30
Unrestricted cash/total long-term debt (%)	144.0	134.9	118.4	122.8	197.30
Average age of plant (years)	9.0	7.6	6.5	7.0	10.00
Capital expenditures/Depreciation and amortization (%)	31.9	58.2	80.1	156.9	127.80
<b>Debt and Liabilities</b>					
Total long-term debt (\$000s)	272,128	272,268	278,518	284,459	MNR
Long-term debt/capitalization (%)	35.3	36.8	40.5	38.6	26.80
Contingent liabilities (\$000s)	127,200	127,200	131,360	N.A.	MNR
Contingent liabilities/total long-term debt (%)	46.7	46.7	47.2	N.A.	MNR
Debt burden (%)	3.50	3.82	3.63	4.16	2.70
Defined benefit plan funded status (%)	N/A	81.33	75.88	78.50	69.40

N.A.--Not available. N/A--Not applicable. MNR--Median not reported.

## **Related Criteria And Research**

- USPF Criteria: Not-For-Profit Health Care, June 14, 2007
- USPF Criteria: Contingent Liquidity Risks, March 5, 2012
- U.S. Not-For-Profit Health Care Sector Outlook: Providers Prove Adaptable But Face A Test In 2013 As Reform Looms, Jan. 4, 2013
- U.S. Not-For-Profit Health Care Stand-Alone Ratios: Operating Pressures Led To Mixed Results In 2012, Aug. 8, 2013
- U.S. Not-For-Profit Health Care Providers Hone Their Strategies To Manage Transition Risk, May 16, 2012
- U.S. Not-For-Profit Health Care Providers Hone Their Strategies For Reform, May 16, 2011

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**McGRAW-HILL**

**1120.130 – Financial Viability**

Not applicable. See attached proof of bond rating.

Northwest Community Hospital has the sole responsibility for funding this project.

**1120.140 – Economic Feasibility**

**C. Reasonableness of Project and Related Costs**

COST AND GROSS SQUARE FEET BY DEPARTMENT									
Department	A	B	C	D	E	F	G	H	Total Cost (G + H)
	Cost/Square Foot New Mod.		DGSF New Circ.*		DGSF Mod. Circ.*		Const. \$ (A x C)	Mod. \$ (B x E)	
<b>CLINICAL</b>									
Comprehensive IP Rehab		\$ 165.88			11,021	27.6%		\$ 1,828,210	\$ 1,828,210
<b>Clinical Subtotal =</b>		<b>\$ 165.88</b>			<b>11,021</b>	<b>27.6%</b>		<b>\$ 1,828,210</b>	<b>\$ 1,828,210</b>
<b>NON-CLINICAL</b>									
Storage		\$ 101.82			566	27.6%		\$ 57,631	\$ 57,631
Conference Room		\$ 101.82			153	27.6%		\$ 15,579	\$ 15,579
Staff Lounge		\$ 101.82			226	27.6%		\$ 23,012	\$ 23,012
<b>Non-Clinical Subtotal =</b>		<b>\$ 101.82</b>			<b>945</b>	<b>27.6%</b>		<b>\$ 96,222</b>	<b>\$ 96,222</b>
<b>GRAND TOTAL =</b>		<b>\$ 160.83</b>			<b>11,966</b>	<b>27.6%</b>	<b>\$ -</b>	<b>\$ 1,924,432</b>	<b>\$ 1,924,432</b>

Notes:

All square footage figures are in departmental square feet. The building gross square footage for this area is 13,340.

Breaking out square feet by the three components of non-clinical space adds one square foot due to rounding, showing a total of 11,966 square feet. The size of the unit is 11,965 DGSF.

**D. Projected Operating Costs**

**Project Direct Operating Expenses – FY16**

	Project
Total Operating Costs	\$4,509,592.00
Equivalent Patient Days	5,275
Direct Cost per Equivalent Patient Day	\$855.00

**E. Total Effect of the Project on Capital Costs**

**Projected Capital Costs – FY16**

	Project FY16	Total NCH FY16
Equivalent Adult Patient Days (All NCH)	5,275	163,557
Total Project Cost	\$ 3,040,000	-
Useful Life	16 years	-
Total Annual Depreciation	\$ 190,000	\$ 38,725,204
Depreciation Cost per Equivalent Patient Day	\$ 36.04	\$ 236.77

## SAFETY NET IMPACT STATEMENT

This Safety Net Impact Statement describes how the proposed Comprehensive Physical Rehabilitation Project addresses the following areas:

1. Enhances safety net services at Northwest Community Hospital (NCH).
2. Does not impair the ability of other hospitals / health care providers to provide safety net services.
3. Does not discontinue any safety net services.
4. Presents NCH charity care and Medicaid volumes.
5. Presents NCH broader community benefit activities.

### Safety Net Services at NCH

NCH considers its trauma center/emergency department and inpatient psychiatry programs as safety net services. These are necessary services in the community, which do not cover their costs and are subsidized by other clinical programs at NCH. By generating positive patient care revenues, the inpatient rehabilitation service will provide support for the operation of these safety net services and other NCH community benefit programs.

NCH's emergency department allows NCH to serve as the Resource Hospital for an Emergency Medical Services System (EMS) covering 450 sq miles and involving 6 other hospitals and 25 EMS provider agencies. Launched in 1972, NCH's EMS system was the first Mobile Intensive Care Unit program in Illinois and the first in the nation to involve multiple communities. As an Illinois EMS Resource Hospital, NCH conducts EMT and paramedic education programs within the context of federal and state guidelines and standards. The EMS System provides entry-level courses for EMTs and paramedics that are a joint venture between NCH and Harper College. In addition, there were over 950 Continuing Education classes conducted last year for all EMS System members, the most extensive EMS continuing education program conducted in Illinois. On average, continuing education was provided to more than 1400 EMTs, paramedics and Emergency Communications Registered Nurses (EC RNs) every month.

NCH also operates a large 32 bed inpatient mental health program with community outreach activities. In 2011, NCH launched the Behavioral Health Navigator Program with two local healthcare clinics – ACCESS at Northwest Community in Arlington Heights and the Vista Health Center in Palatine. The Behavioral Health Navigator, along with a NCH physician, acts as a case manager and works with local hospitals and agencies to ensure that each patient is connected to appropriate, affordable therapies, medication, and the support they need to live their lives productively. In 2013, the program coordinated 1227 patient visits or assistance. 93% of those cases were patients with an annual family income of less than \$25,000.

### Safety Net Services at other area hospitals and health care providers

Other area hospitals provide emergency care, inpatient psychiatry and other services that they may consider safety net services. The proposed inpatient rehabilitation project is not designed to, nor to our knowledge will, impair their ability to subsidize their safety net services. As stated in the Need Section of the application for this project, NCH anticipates that it will continue to refer patients to other area inpatient rehabilitation programs in referral volumes similar to the past years, as well as fully utilize its new unit. As a result, there should be no detrimental impact on other area providers who draw revenues from their rehabilitation services to subsidize their safety net programs.

Discontinuation of Safety Net Services

There is no discontinuation of a category of service or a facility included in this proposed project; as a result, this section is not applicable.

Charity Care and Medicaid Services

NCH's Charity Care and Medicaid services are presented in the following table:

<b>Safety Net Information per PA 96-0031</b>			
<b>CHARITY CARE</b>			
<b>Charity (# of patients)</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Inpatient	570	590	743
Outpatient	2,856	3,654	8,574
<b>Total</b>	<b>3,426</b>	<b>4,244</b>	<b>9,317</b>
<b>Charity (cost in dollars)</b>			
Inpatient	\$ 3,832,129	\$ 4,087,027	\$ 6,634,958
Outpatient	\$ 2,429,519	\$ 4,270,902	\$ 6,847,951
<b>Total</b>	<b>\$ 6,261,648</b>	<b>\$ 8,357,929</b>	<b>\$ 13,482,909</b>
<b>MEDICAID</b>			
<b>Medicaid (# of patients)</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Inpatient	2,516	2,287	1,950
Outpatient	23,741	23,339	22,658
<b>Total</b>	<b>26,257</b>	<b>25,626</b>	<b>24,608</b>
<b>Medicaid (revenue)</b>			
Inpatient	\$ 9,358,894	\$ 10,903,906	\$ 8,298,118
Outpatient	\$ 2,949,574	\$ 3,070,367	\$ 2,797,880
<b>Total</b>	<b>\$ 12,308,468</b>	<b>\$ 13,974,273</b>	<b>\$ 11,095,988</b>

## NCH Community Benefit

To help meet the needs of NCH's communities in 2013, NCH contributed \$96.5 million in total community benefit. This included \$74.14 million in government-sponsored healthcare (unreimbursed cost of Medicare and Medicaid) and \$14.77 million in charity care, covering individuals with limited financial resources with free or reduced-rate services.

In addition to these financial commitments and the previously reported services of the emergency department and mental health programs, NCH supported numerous community initiatives that benefit residents of the area:

- **Mobile Dental Clinic.** Over a decade ago, NCH established the Mobile dental Clinic, where last year through the partnership with UIC's College of Dentistry, fourth year dental students and NCH volunteers and staff provided 2570 patient visits. In 2013, NCH directed \$215,200 to direct support of this program. While most dental clinics only provide emergency care, the NCH program emphasizes overall oral health.
- **NCH provided a financial contribution of \$100,000 last year to support the services of the Cook County Health and Hospital System at the Vista Health Center in Palatine.** In addition, NCH supported Vista by absorbing operating expenses and providing clinic space and medical and office supplies.
- **Medical Missions Team.** NCH donated \$365,800 worth of equipment, immunizations and paid employee time in support of medical staff and employees for their travel throughout the US and overseas to help others with medical needs.
- **Helping the Homeless.** There are over 3000 homeless people in Suburban Cook County. NCH and Journeys: the Road Home, a local not-for-profit that provides emergency shelter, counseling and employment assistance to the homeless, have worked closely for many years to address the needs of the homeless. Last year, NCH provided \$29,000 to its Charitable Prescription Program, providing 30 day supplies of crucial medications to homeless individuals who can't afford to fill their prescriptions. NCH also provided over \$40,000 in laundry services for 14 local emergency shelters.
- **Community Resource Center.** NCH provides free and low cost rent to local not-for-profit agencies who use the Palatine Opportunity Center, a building owned by NCH. The agencies provide direct services, referrals and other assistance to the under-resourced. Last year, the value of NCH's contributed operating costs was \$248,000.
- **The Wellness Center.** As part of its ongoing efforts to promote wellness in the community, NCH donated almost \$90,000 in free memberships at the Wellness Center last year to select military personnel, under-resourced individuals and charitable organizations.

**XII. Charity Care Information**

<b>NCH CHARITY CARE</b>	<b>2011</b>	<b>2012</b>	<b>2013</b>
Net Patient Revenue	\$ 417,227,547	\$ 423,717,615	\$ 412,703,149
Amount of Charity Care (charges)	\$ 23,451,865	\$ 32,145,880	\$ 54,808,573
Cost of Charity Care	\$ 6,261,648	\$ 8,357,929	\$ 13,482,909

## APPENDICES

### **Appendix 1**

Letters from NCH physicians who have referred NCH patients to Comprehensive Physical Rehabilitation units

### **Appendix 2**

Mapquest information on hospitals within 45 minute travel times from NCH

### **Appendix 3**

Letters of interest and resumes of persons interested in working in the Comprehensive Physical Rehabilitation unit

### **Appendix 4**

Letters of support from area providers



May 5, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and  
Services Review Board  
525 West Jefferson Street, 2<sup>nd</sup> floor  
Springfield, IL 62761

Dear Ms. Olson,

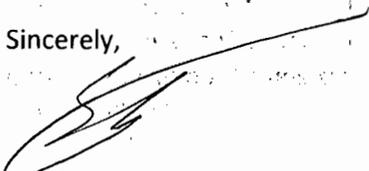
This letter documents the commitment by physicians on staff at Northwest Community Hospital to admit patients to the inpatient rehabilitation unit upon its becoming operational. Our medical staff is enthusiastic about having this new service within our hospital, and looks forward to its approval by the State of Illinois.

Physicians on staff who discharged four or more patients in 2013 to area inpatient rehabilitation hospital units have signed their own individual letters of commitment to admit to the new unit at NCH. Their letters are included in this section. My letter speaks for the 70 or so additional physicians who referred three or fewer patients last year to existing area inpatient rehabilitation units.

Please note that this letter does not prevent physicians on staff at NCH from discharging patients to existing rehabilitation units, as we anticipate will be the case when the unit at NCH is operating at and beyond full capacity.

If you have any questions, please contact me or Brad Buxton, NCH Vice President, Strategy & Business Development, 847-618-5020.

Sincerely,



Stephen O. Scogna  
President and CEO

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

The following physicians with a specialty in **Internal Medicine** during CY 2013, referred a total of 21 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH:

Anju Agarwal, M.D.  
Ian Coelho, M.D.  
Michael Grzelak, M.D.

These physicians are part of the NCH Medical Group, Hospitalist service. I anticipate that their group will continue to annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

The patients in their count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

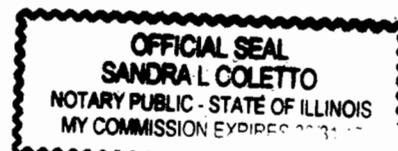
Thank you for considering my input to this permit application.

Sincerely,



Susan Nelson, M.D.  
Vice President, Physician Operations  
Northwest Community Healthcare  
NCH Medical Group  
1450 Busch Parkway  
Buffalo Grove, IL 60089; Suite 100  
Ph: 847.459.7860

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare



313112017

4-24-14 *Sandra L. Coletto*

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

My specialty is **Internal Medicine**. In CY 2013, I referred 5 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,



Ruhi Askari, M.D.  
3433 Kirchoff Rd.  
Rolling Meadows, IL 60008  
Ph: 847.870.0506



Notary Stamp

Attesting to Signature

4-10-14 

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

My specialty is **Internal Medicine**. In CY 2013, I referred 6 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

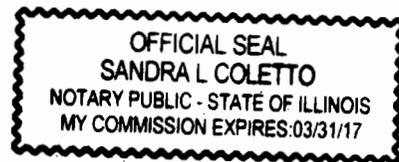
The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,

*Richard D Baker, D.O.*

Richard Baker, M.D.  
Best Practices Inpatient Care, LTD  
3880 Salem Lake Dr.; Suite F  
Long Grove, IL 60047  
Ph: 847.719.2220



Notary Stamp  
Attesting to Signature

4-24-14 *Sandra L Coletto*

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

My specialty is **Internal Medicine**. In CY 2013, I referred **11** NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

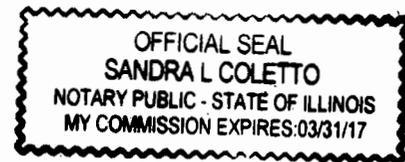
The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,

  
Madhukar Damera, M.D.

Northwest Suburban Physicians  
5999 New Wilke Rd., Suite #200  
Rolling Meadows, IL 60008  
Ph: 847.253.0988



Notary Stamp  
Attesting to Signature

4-9-14 

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

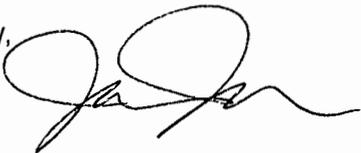
My specialty is **Internal Medicine**. In CY 2013, I referred **4** NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

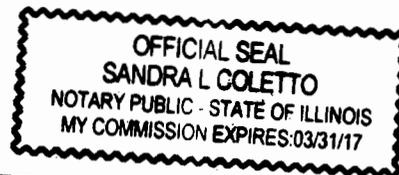
The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,



Jocelyn DeJesus, M.D.  
Best Practices Inpatient Care, LTD  
3880 Salem Lake Dr.; Suite F  
Long Grove, IL 60047  
Ph: 847.719.2220



Notary Stamp  
Attesting to Signature

4-14-14 Sandra L Coletto

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

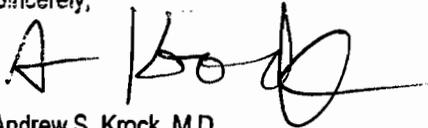
My specialty is **Internal Medicine**. In CY 2013, I referred 4 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

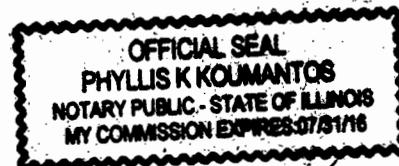
Sincerely,



Andrew S. Krock, M.D.  
5999 New Wilke Rd.; Suite #200  
Rolling Meadows, IL 60008  
Ph: 847.253.0988

Notary Stamp  
Attesting to Signature

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare



*Phyllis K Koumantos*  
99 4-15-14

APPENDIX-1

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

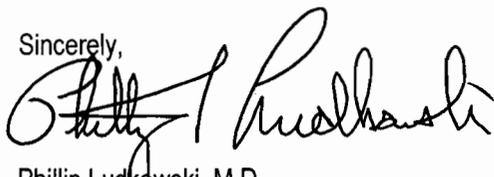
My specialty is **Orthopedics**. In CY 2013, I referred 6 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

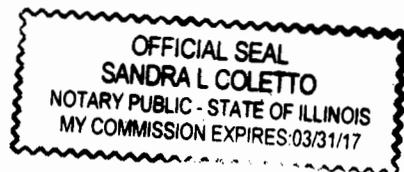
The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,



Phillip Ludkowsky, M.D.  
Illinois Bone & Joint, LLC  
1300 E. Central Rd.  
Arlington Heights, IL 60005  
Ph: 847.870.6100



Notary Stamp  
Attesting to Signature

4-15-14 

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

My specialty is **Internal Medicine**. In CY 2013, I referred 5 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

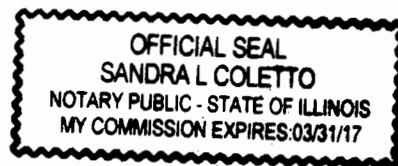
The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,



Evgueni M. Minev, M.D.  
NCH Medical Group - Hospitalist  
800 W. Central Rd.  
Arlington Heights, IL 60005  
Ph: 847.227.8987



Notary Stamp  
Attesting to Signature

4-8-14 Sandra L Coletto

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

My specialty is **Internal Medicine**. In CY 2013, I referred 6 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,



Thomas Oryszczak, M.D.  
NCH Medical Group - Hospitalist  
800 W. Central Rd.  
Arlington Heights, IL 60005  
Ph: 847.227.8987



Notary Stamp  
Attesting to Signature

4-11-14 *Sandra L. Coletto*

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

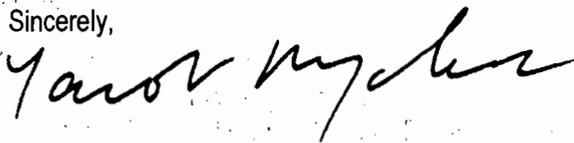
My specialty is **Internal Medicine**. In CY 2013, I referred 4 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

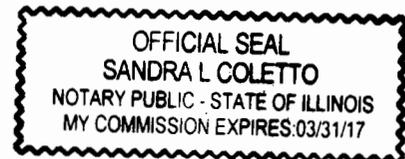
Thank you for considering my input to this permit application.

Sincerely,



Yakov Ryabov, M.D.  
201 E. Strong Ave., Suite 9  
Wheeling, IL 6090  
Ph: 847.419.1900

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare



Notary Stamp  
Attesting to Signature

4-15-14 

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

My specialty is Internal Medicine. In CY 2013, I referred 4 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,



Ghanshyam Shah, M.D.  
Northwest Suburban Physicians  
5999 New Wilke Rd.; Suite #200  
Rolling Meadows, IL 60008  
Ph: 847.253.0988

Notary Stamp  
Attesting to Signature

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare



*Phyllis K Koumantos*  
104 4/10/2014

APPENDIX-1

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

My specialty is **Orthopedics**. In CY 2013, I referred 4 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,



Eduard H. Sladek, M.D.  
Orthopedic Associates, S.C.  
415 W. Golf Rd.; Suite 68  
Arlington Heights, IL 60005  
Ph: 847.593.5511



Notary Stamp  
Attesting to Signature

5-7-14 Sandra L Coletto

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare

APPENDIX-1

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

My specialty is **Internal Medicine**. In CY 2013, I referred **10** NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,



Matthew Strauch, M.D.  
NCH Medical Group - Hospitalist  
800 W. Central Rd.  
Arlington Heights, IL 60005  
Ph: 847.227.8987



Notary Stamp  
Attesting to Signature

4-7-14 *Sandra L Coletto*

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

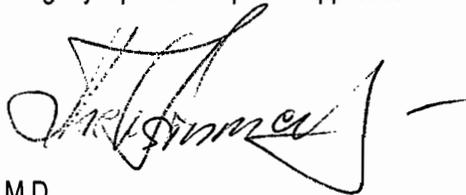
My specialty is **Internal Medicine**. In CY 2013, I referred **5** NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,



Michael G. Tsinman, M.D.  
Inpatient Consultants of Illinois  
15 Salt Creek Ln.; Suite 111  
Hinsdale, IL 60521  
Ph: 888.290.7441



Notary Stamp  
Attesting to Signature

4-11-14 *Sandra L Coletto*

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

My specialty is Internal Medicine. In CY 2013, I referred 4 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

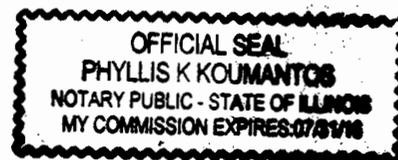
Thank you for considering my input to this permit application.

Sincerely,

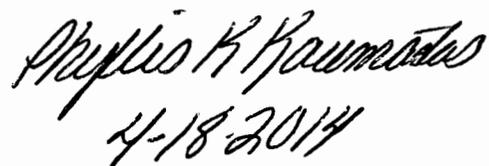


Catherine Wood, M.D.  
Northwest Suburban Physicians  
5999 New Wilke Rd.; Suite #200  
Rolling Meadows, IL 60008  
Ph: 847.253.0988

Notary Stamp  
Attesting to Signature



c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare



4-18-2014



April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

My specialty is Internal Medicine. In CY 2013, I referred 5 NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

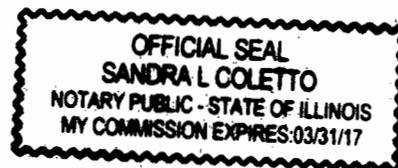
I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,

Joseph Zerrudo, M.D.  
Inpatient Consultants of Illinois  
15 Salt Creek Ln.; Suite 111  
Hinsdale, IL 60521  
Ph: 888.290.7441



Notary Stamp  
Attesting to Signature

4-7-14 *Sandra L Coletto*

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare

April 7, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street 2<sup>nd</sup> Floor  
Springfield, IL 62761

Re: CON permit application  
Northwest Community Hospital  
Establishment of Comprehensive Physical Rehabilitation Service

Dear Ms. Olson:

I am writing in support of Northwest Community Hospital's Certificate of Need application to establish a comprehensive physical rehabilitation service at Northwest Community Hospital.

My specialty is **Internal Medicine**. In CY 2013, I referred **8** NCH inpatients for admission to existing inpatient rehabilitation facilities upon their acute care discharge from NCH.

I anticipate that I will annually refer the same or similar number of patients to the new NCH rehabilitation service in the years after the new unit is open.

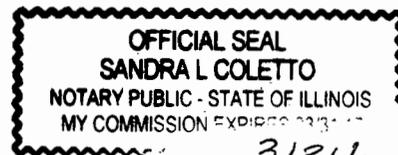
The patients in my count of referrals have not been used to support another pending or approved CON permit application for comprehensive physical rehabilitation service.

Thank you for considering my input to this permit application.

Sincerely,

*Karen Zimmerman*

Karen Zimmerman, M.D.  
NCH Medical Group - Hospitalist  
800 W. Central Rd.  
Arlington Heights, IL 60005  
847.227.8987



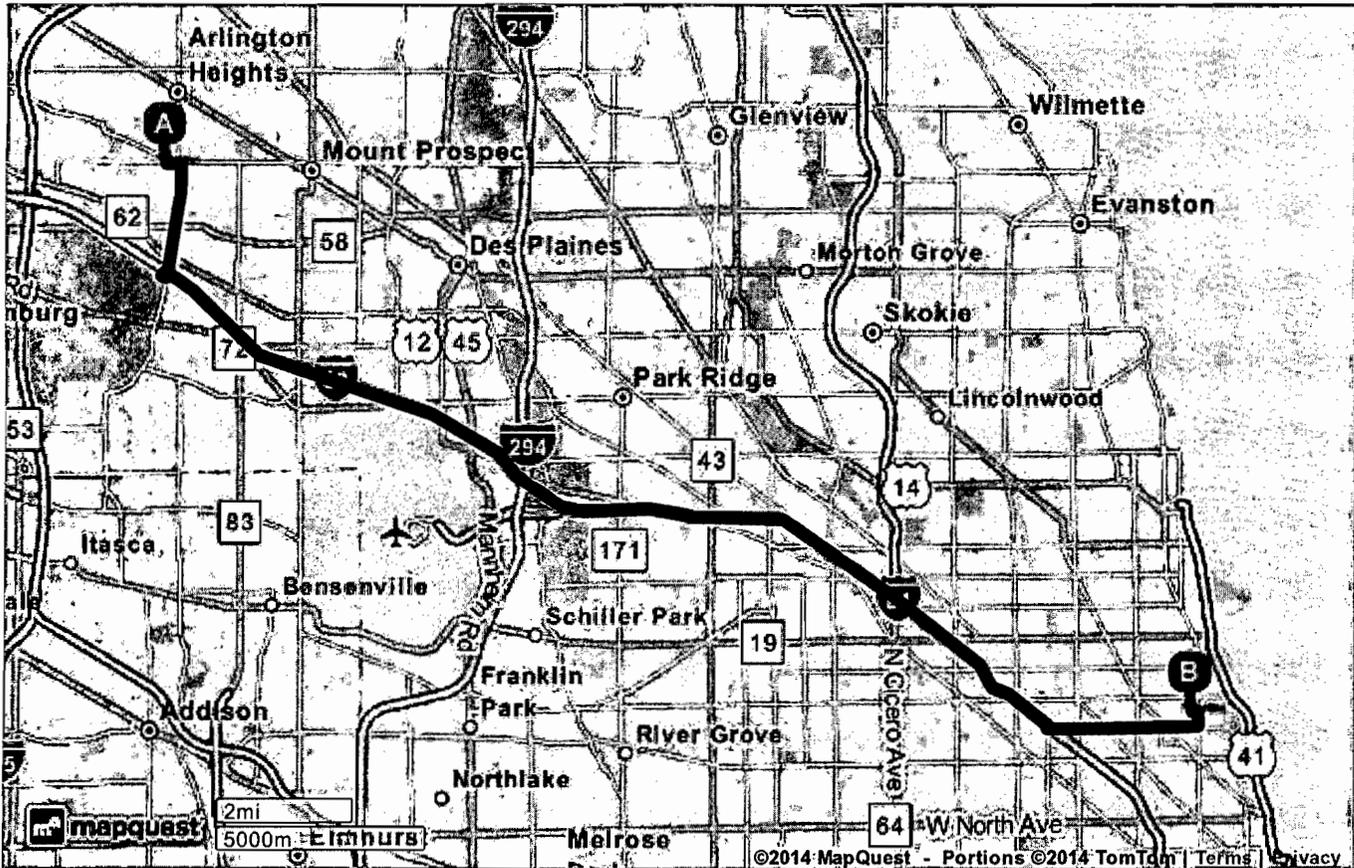
Notary Stamp  
Attesting to Signature

c: Brad Buxton  
Vice President, Planning and Business Development  
Northwest Community Healthcare



Notes

Trip to: **ADVOCATE ILLINOIS MASONIC**  
**836 W Wellington Ave**  
Chicago, IL 60657  
22.34 miles / 30 minutes

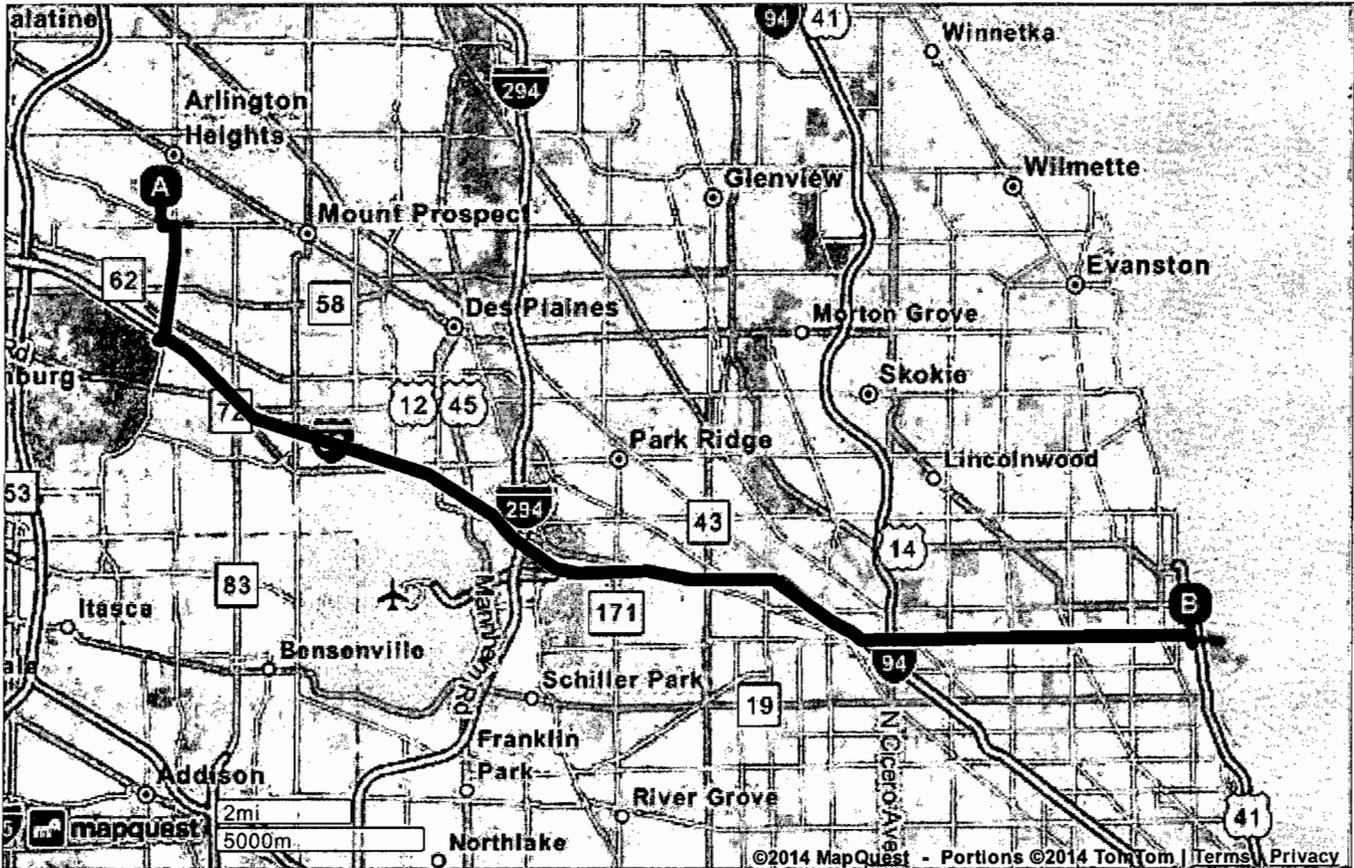


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Trip to: LOUIS A. WEISS HOSPITAL  
4646 N Marine Dr  
Chicago, IL 60640  
21.18 miles / 32 minutes

Notes



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Trip to: PRESENCE RESURRECTION  
7435 W Talcott Ave  
Chicago, IL 60631-3707  
13.37 miles / 18 minutes

Notes



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Notes

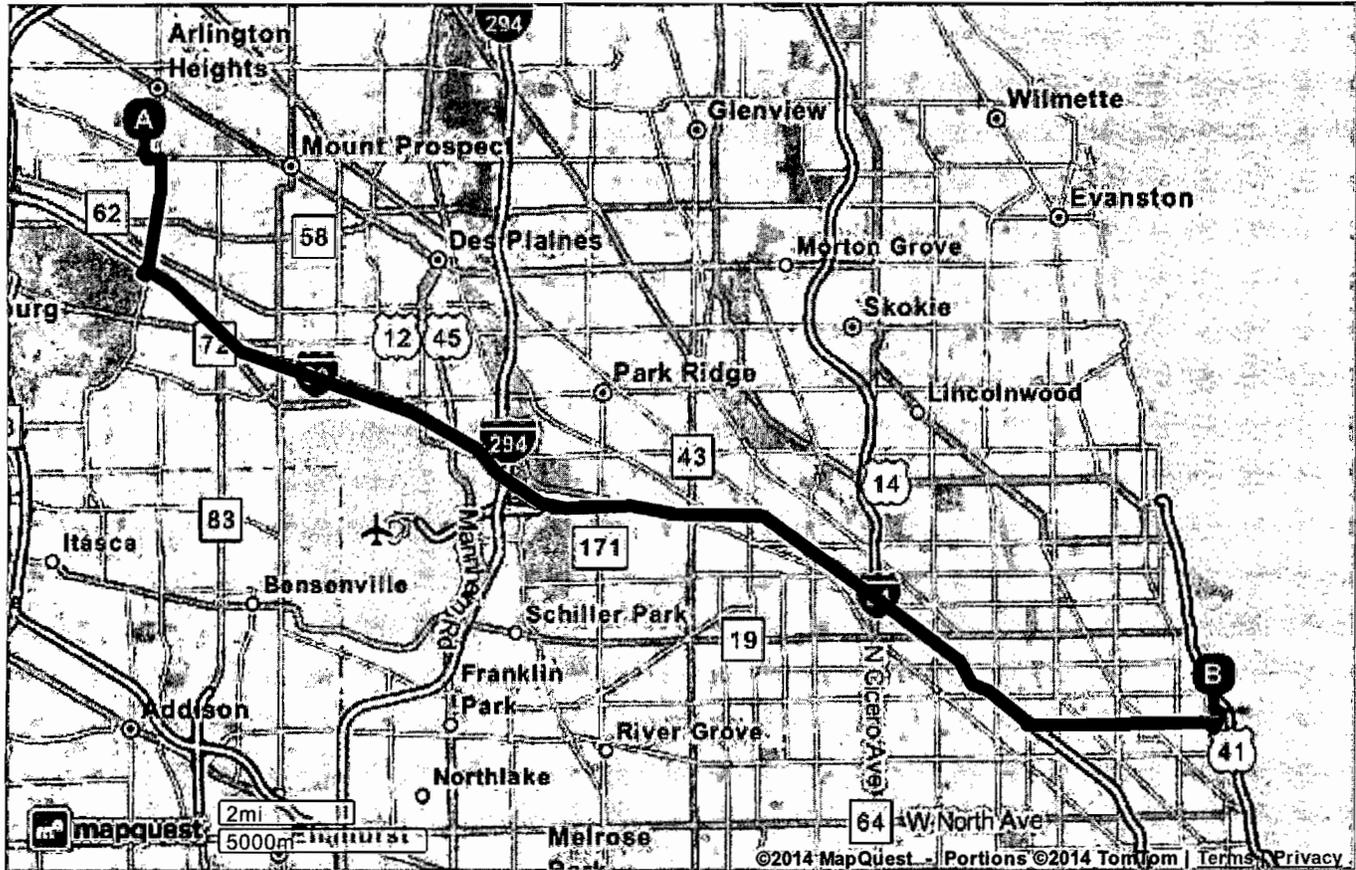


Trip to: PRESENCE ST JOSEPH HOSPITAL, CHICAGO

**2900 N Lake Shore Dr**

Chicago, IL 60657

22.93 miles / 32 minutes



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Trip to: PRESENCE ST MARY OF NAZARETH  
2233 W Division St  
Chicago, IL 60622  
22.24 miles / 30 minutes

Notes



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Notes



Trip to: REHABILITATION INSTITUTE OF CHICAGO

345 E Superior St

Chicago, IL 60611-2654

25.30 miles / 33 minutes



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Notes

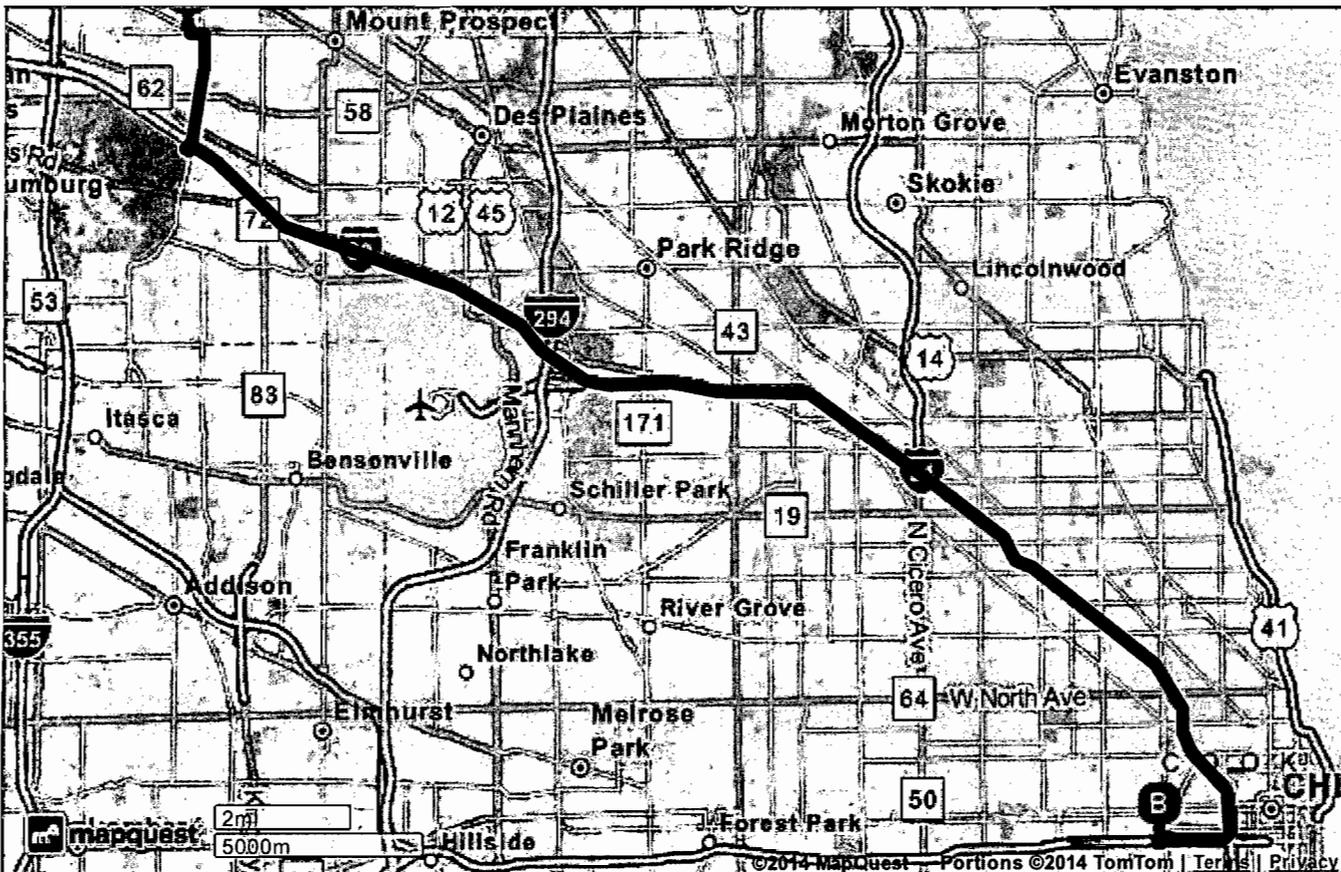


Trip to: RUSH UNIVERSITY MEDICAL CENTER

1653 W Congress Pkwy

Chicago, IL 60612

25.79 miles / 32 minutes



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Notes



Trip to: SCHWAB REHABILITATION CENTER

1401 S California Ave

Chicago, IL 60608

27.96 miles / 35 minutes

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Trip to: SWEDISH COVENANT HOSPITAL

5145 N California Ave

Chicago, IL 60625-3661

18.98 miles / 27 minutes

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Trip to: UNIVERSITY OF ILLINOIS HOSPITAL  
**1740 W Taylor St**  
Chicago, IL 60612  
26.22 miles / 34 minutes

Notes

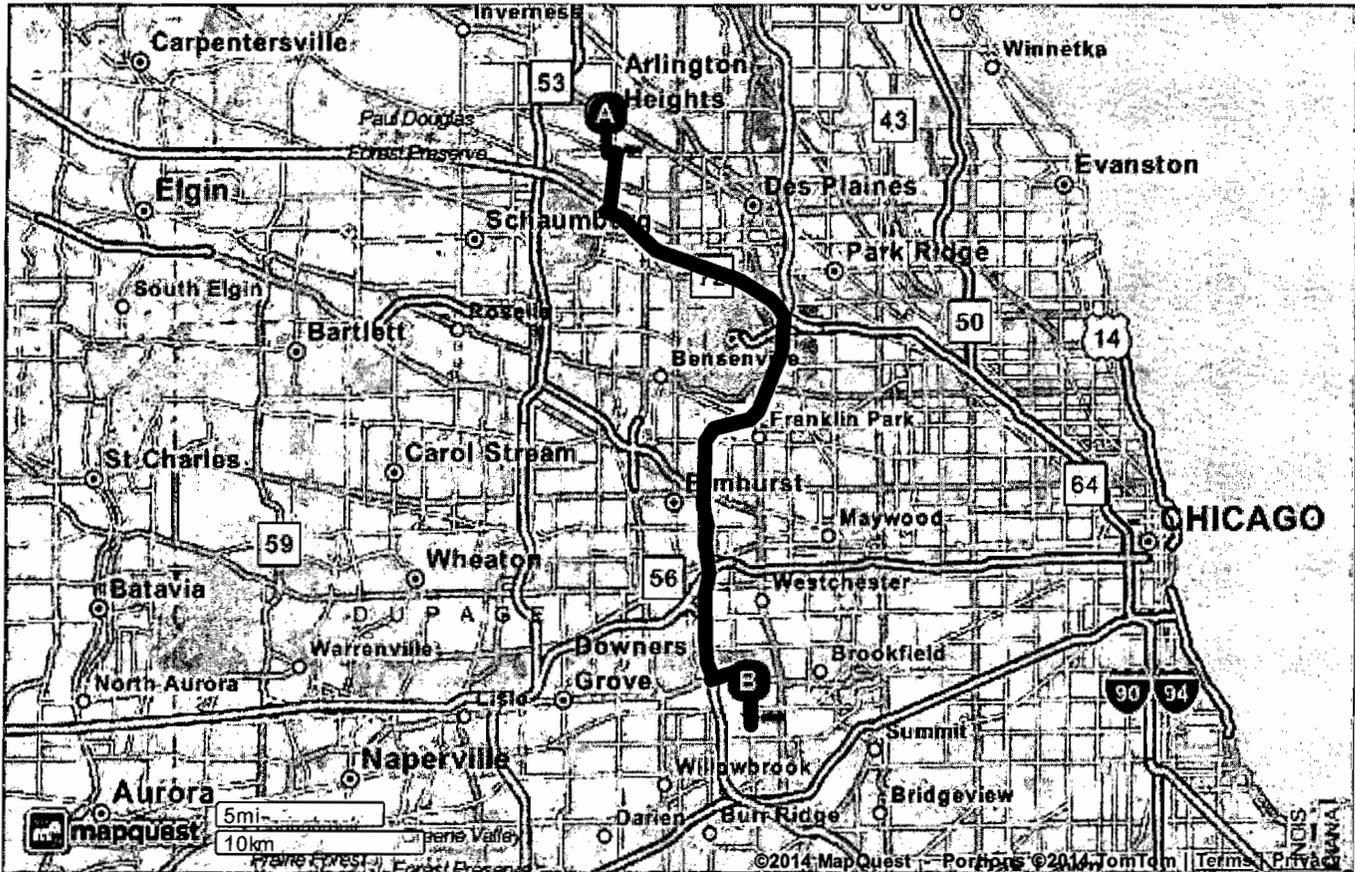


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Trip to: ADVENTIST LAGRANGE  
**[5063 - 5099] Willow Springs Rd**  
La Grange, IL 60525  
25.91 miles / 31 minutes

Notes



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Notes

Trip to: **ADVOCATE LUTHERAN GENERAL**  
**[1729 - 1757] W Dempster St**  
Park Ridge, IL 60068  
7.52 miles / 14 minutes



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Trip to: ALEXIAN BROTHERS MEDICAL CENTER

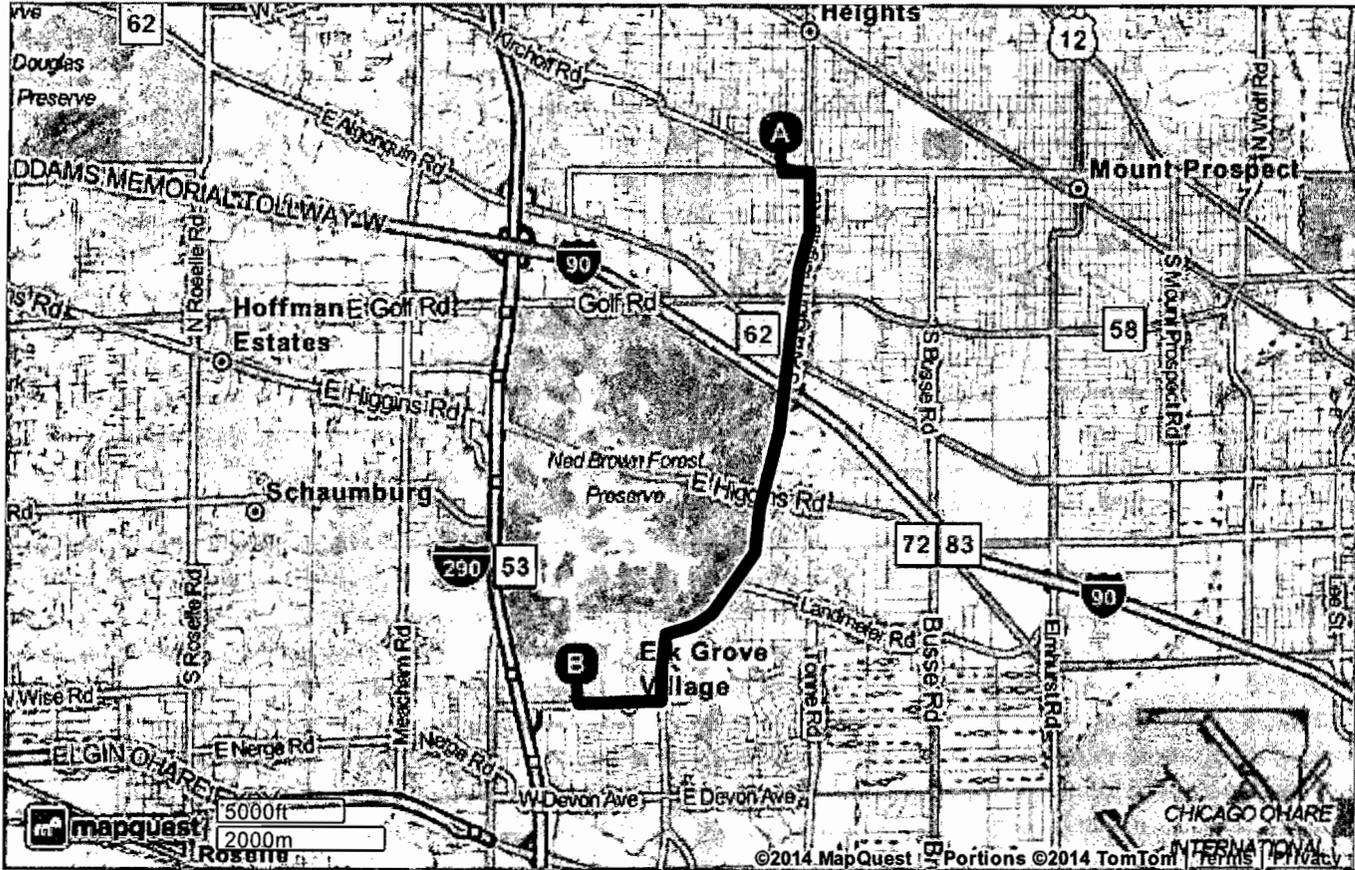
800 Biesterfield Rd

Elk Grove Village, IL 60007

5.66 miles / 10 minutes

Notes

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Trip to: EVANSTON HOSPITAL

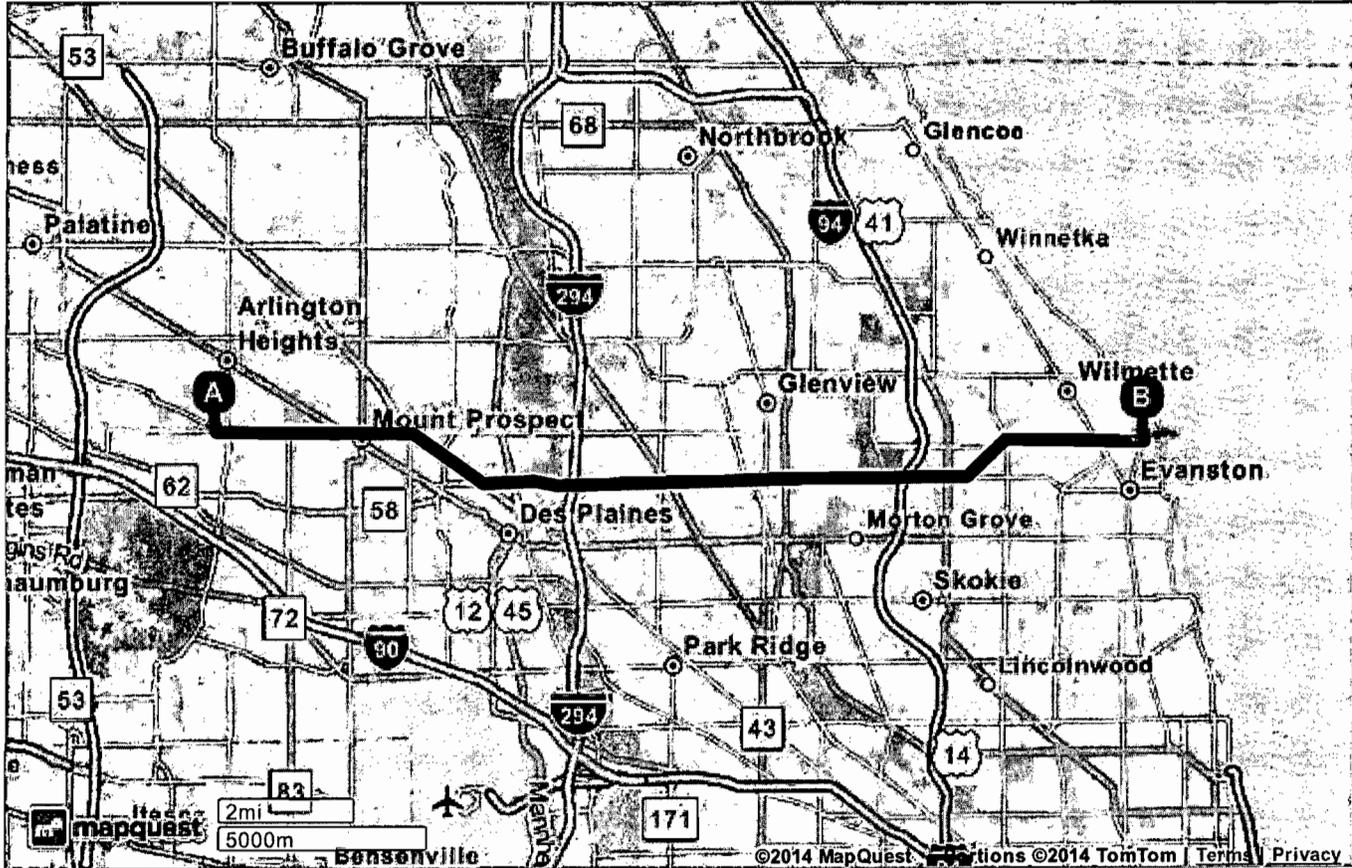
2650 Ridge Ave

Evanston, IL 60201-1718

15.99 miles / 31 minutes

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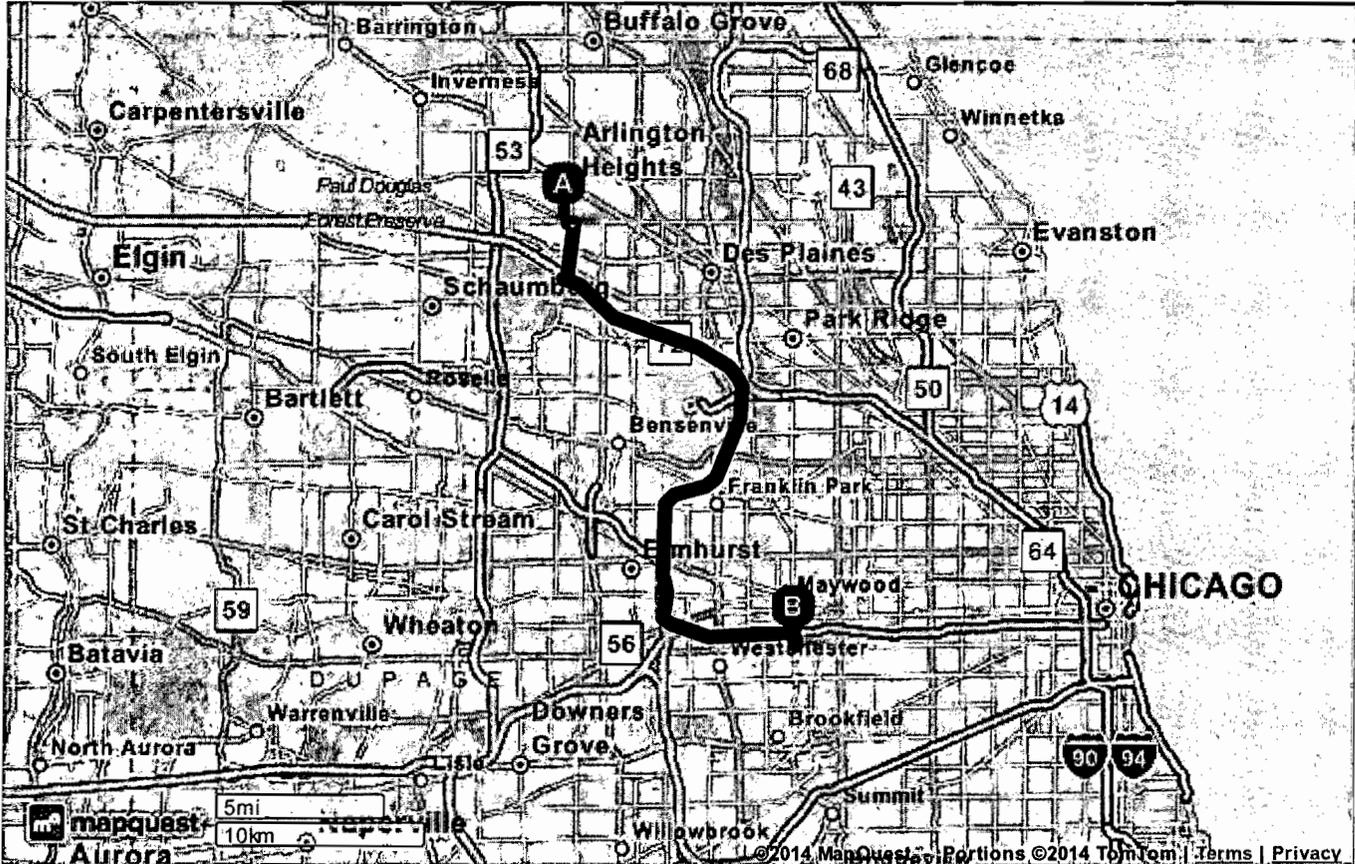


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Notes

Trip to: LOYOLA UNIVERSITY MEDICAL CENTER /  
[2118 - 2118] S 1st Ave FOSTER G. MCGAW  
Maywood, IL 60153  
23.46 miles / 27 minutes



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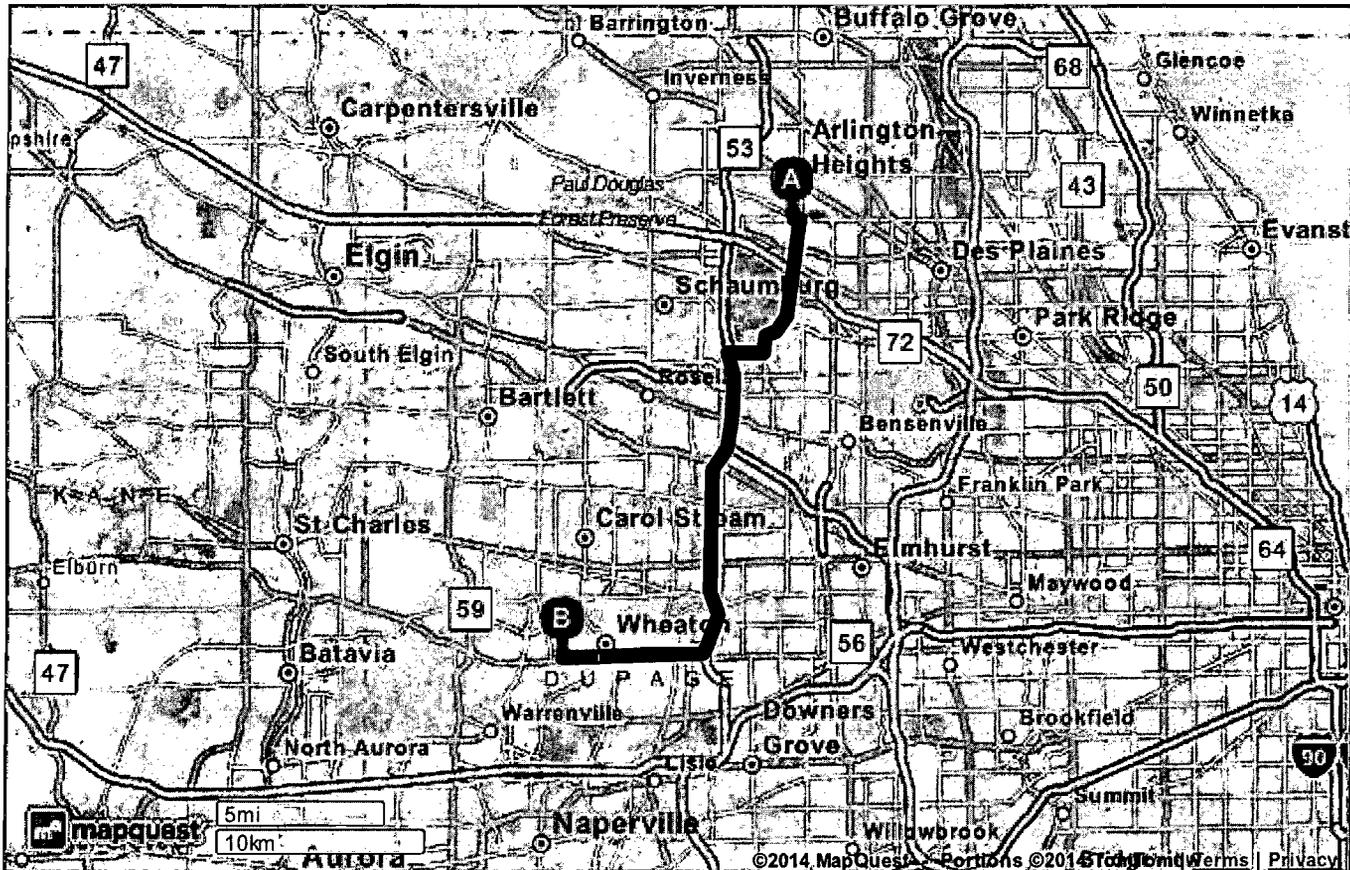


Trip to: MARIANJOY REHABILITATION CENTER

26w171 Roosevelt Rd

Wheaton, IL 60187

21.32 miles / 31 minutes

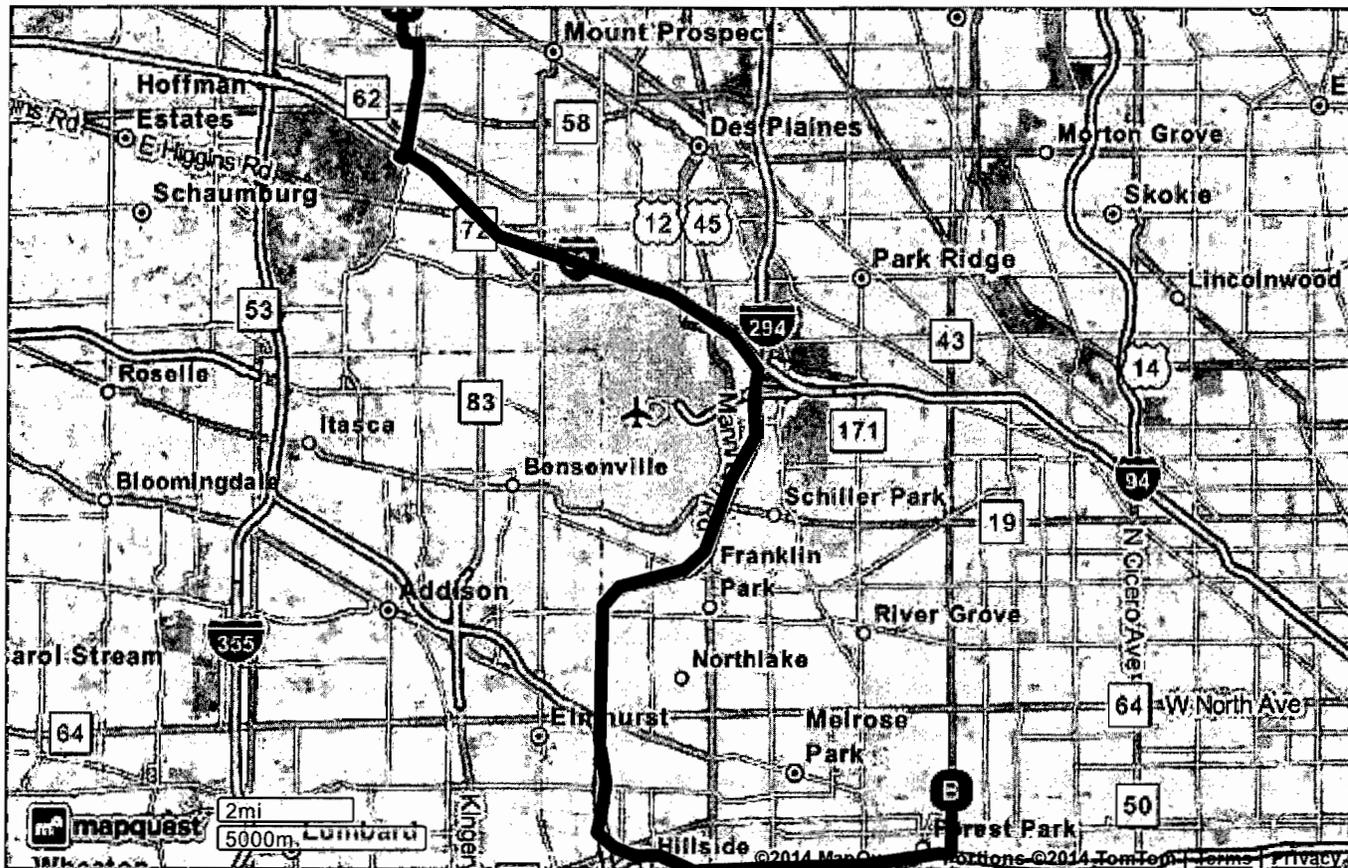


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Trip to: RUSH OAK PARK HOSPITAL  
**520 S Maple Ave**  
Oak Park, IL 60304  
25.07 miles / 30 minutes

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Trip to: VHS WESTLAKE HOSPITAL

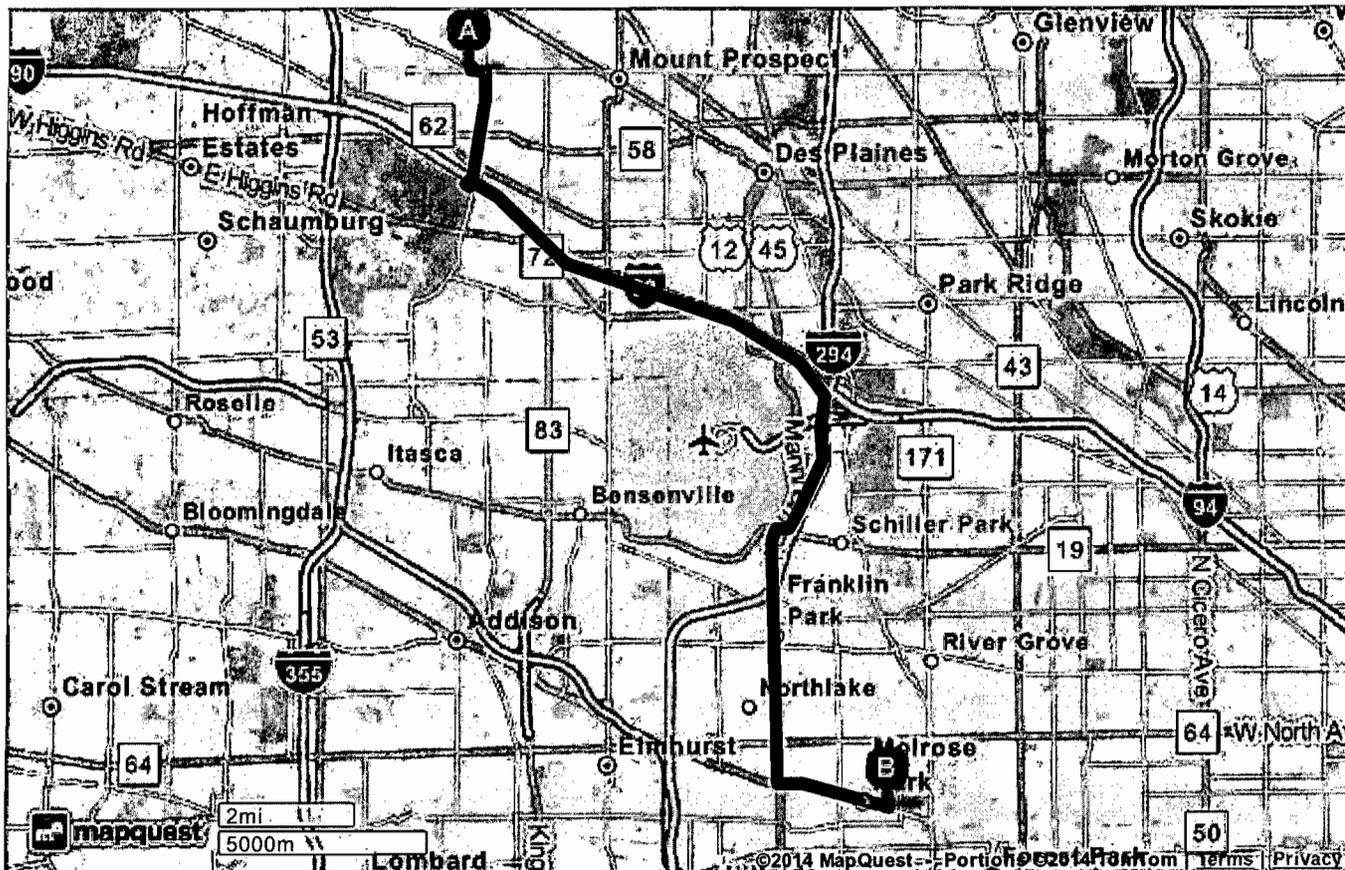
1225 Lake St

Melrose Park, IL 60160-4039

18.07 miles / 27 minutes

Notes

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Trip to: PRESENCE ST. JOSEPH HOSPITAL, ELGIN

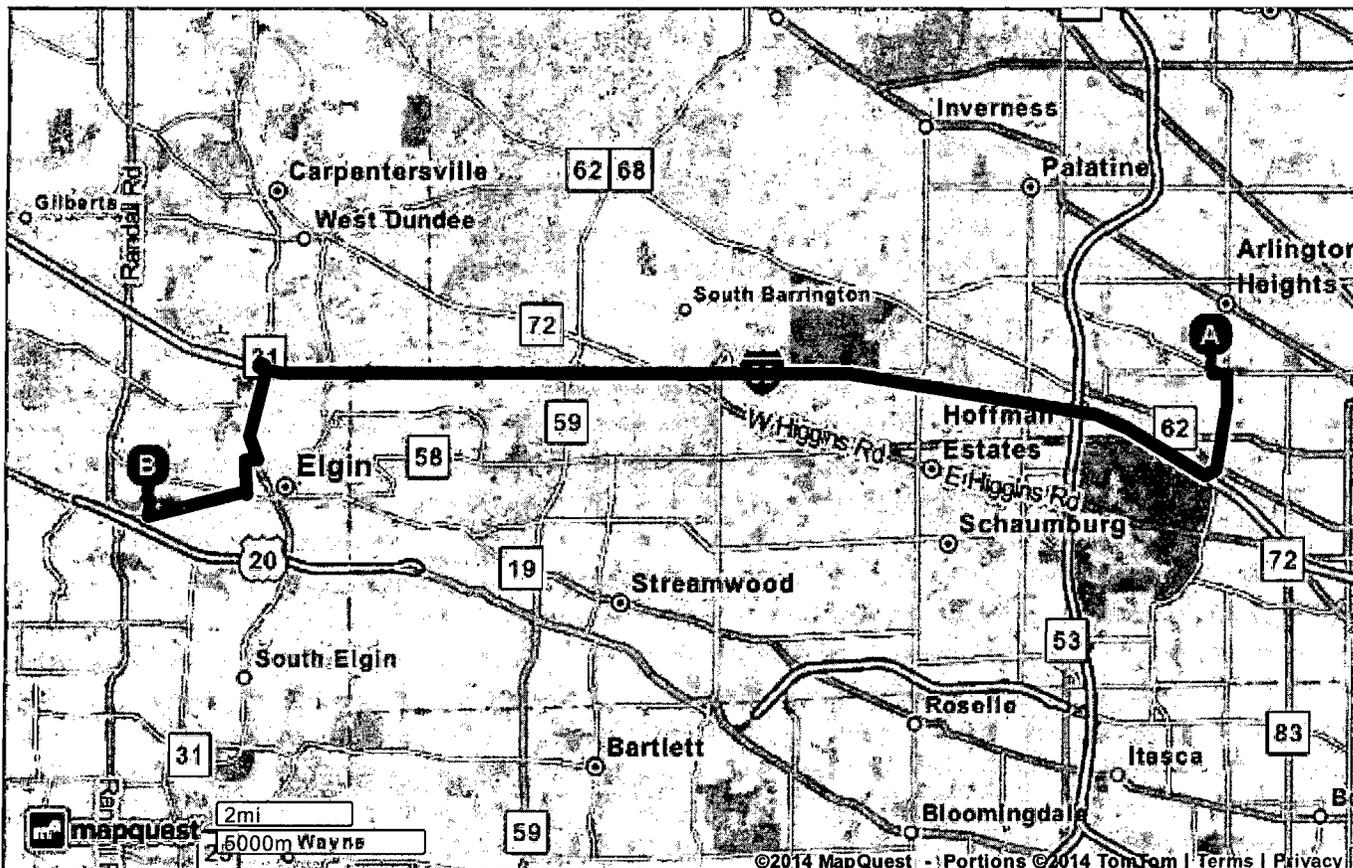
74 N Airlite St

Elgin, IL 60123

22.58 miles / 29 minutes

Notes

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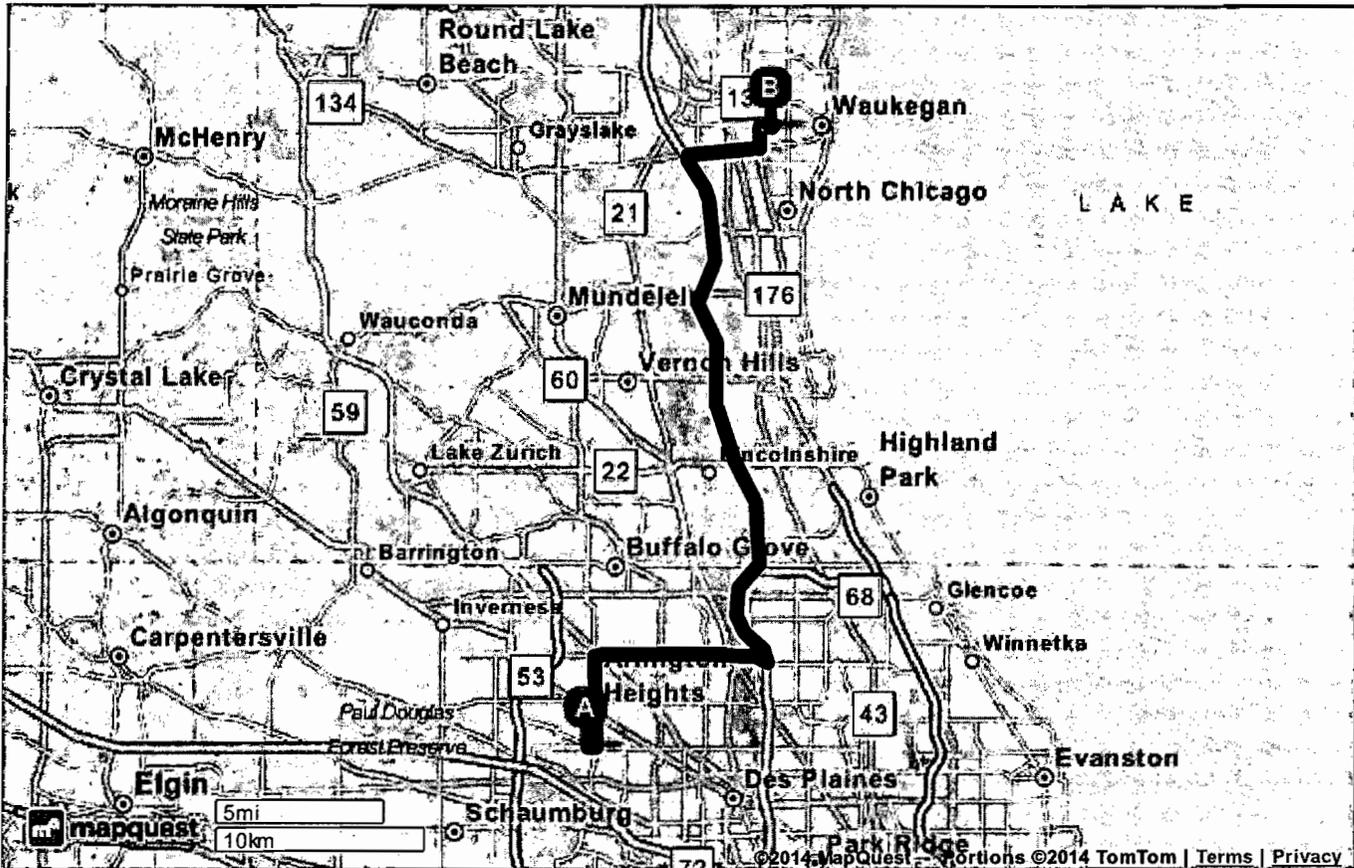


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Trip to: VISTA MEDICAL CENTER, WEST  
**2615 W Washington St**  
Waukegan, IL 60085  
30.52 miles / 38 minutes

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## Ricardo G. Senno, MD, MS, FAAPMR

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In addition to being an Urban Planner, Dr. Ricardo G. Senno is an expert Physical Medicine and Rehabilitation/Disability physician with extensive experience in the management and treatment of traumatic & anoxic brain injury, stroke, Parkinson's & Alzheimer's disease, movement disorders and general rehabilitation. Currently he is the founder of an "elite" practice in the North Shore & is an adjunct assistant professor for the University of Illinois, College of Medicine. His experience includes:

- Having been consulted on numerous medical legal cases including the Terry Shiavo and Firestone tire cases, he has intimate knowledge of medical issues and injury prevention design elements.
- As a recognized expert, he extensively participated in the development of "Heads Up: Concussions in High School Sports" and "Heads Up: Brain Injury in Your Practice" educational kits published by the Center for Disease Control (CDC).
- As Medical Director of the Brain Injury Medicine and Rehabilitation Program at the renowned Rehabilitation Institute of Chicago he developed seamless patient care programs and designed a state of the art facility.
- Internationally (Slovenia, Argentina, Sweden, Kuwait) consulted on program, hospital, clinic and facility designs.
- Lectured nationally and internationally on facility/space design as it relates to medical management, advocacy, staff utilization and injury prevention.
- Research and numerous publications dealing with injury prevention, patient evaluation, treatment, recovery and outcomes following disability.
- Featured in the Chicago Tribune, Sun Times, Daily Herald, Discovery Channel, Telemundo, Univision and Web MD.

Dr. Senno earned his medical degree from the University of Illinois, completing his internship at Norwalk Hospital (Yale University Medical Center) and his residency at Boston University Medical Center. In Addition, he holds a Master of Science in Urban Planning, Public Management and Policy Analysis. This gives him a unique perspective in the field of Americans with Disability Act (ADA) design and universal architecture as well as medical care as it relates to patient, family and staff issues. Currently, he is involved in the design and development of the El Valor International Inclusion Center in the Illinois Medical District. In collaboration with colleagues, Dr. Senno is presently writing a book on the issues faced by people with brain injury.

He welcomes e-mails at: [senno@sennogroup.com](mailto:senno@sennogroup.com)

*Foreign language:* fluent in Spanish

*Full curriculum vitae available upon request*

# RICARDO G. SENNO, MD, MS, FAAPMR

1535 Lake Cook Road, Suite 208  
Northbrook, Illinois 60062  
Office Phone: 847 - 644 - 8242

Mobile Phone: 847 - 373 - 9607  
Office Facsimile: 847 - 272 - 8221  
e-mail: senno@sennogroup.com

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## CURRENT PROFESSIONAL ACTIVITIES

**Principal & Founder** **2008 - Present**  
**SENNOGROUP**

**Wellness & Rehabilitation**

Northbrook, Illinois

Responsible for outpatient physical medicine & rehabilitation management

Provide comprehensive physical medicine & rehabilitation consultations

Established private practice clinic

Actively manage intrathecal baclofen pumps

Provide all inclusive spasticity patient management

Furnish elite clinical management for complex brain injury patients

**Adjunct Assistant Professor** **2008 - Present**

**University of Illinois, College of Medicine**

Chicago, Illinois

Preceptor, Essentials of Clinical Medicine Course (ECM)

Mentor and preceptor, Longitudinal Primary Care Course (LPC)

Lecturer, Hispanic Center of Excellence - Medicina Scholars Program

Presenter, Hispanic Center of Excellence - Leadership Course

Moderator, National Latino Health Care Executive Forum (Oct. 23, 2008)

**Healthcare Facility Consultant** **2004 - Present**

Chicago, Illinois

Designed multiple clinical nursing/work stations for a skilled nursing facility setting

Instituto de Exploracion/Exploration Institute, Causes for Change - Ecuador

Hospital Luz de Las Americas (initial study), Causes for Change - Ecuador

Facility design for El Valor International Inclusion Center - Illinois Medical District

Initial Study for the development of the Dawait Al Kuwait Institute of Physical Medicine and Rehabilitation

Provided specific design elements and parameters for state-of-the-art traumatic brain injury unit

## PAST PROFESSIONAL ACTIVITIES

**Medical Testimony** **February 25, 2009**

**Chicago City Council**

Chicago, Illinois

Presented during hearing on the banning of metal bats in city youths & high school games

Proposed by Alderman R. Fioretti

**Clinical Instructor/Preceptor** **2006 - 2008**

**University of Illinois, College of Medicine**

Chicago, Illinois

Clinical Instructor for Essentials of Clinical Medicine Course (ECM)

Recipient of "Kudos" Award of Appreciation for ECM, 2007-2008

Mentor and preceptor for Longitudinal Primary Care Course (LPC)

**Senior Medical Consultant** 2007 - 2008  
**Medical Experts & Consultants**  
Chicago, Illinois  
Responsible for medical-legal consultations and case reviews  
Provided life care plans and risk management strategies  
Managed client relationships providing "best in class" consulting services  
Actively assisted clients in achieving measurable results and reaching critical business goals  
Developed ADA compliant architectural and facility plans

**Attending Physician** 2005 - 2007  
**Physical Medicine and Rehabilitation**  
**Marianjoy Rehabilitation Hospital**  
Wheaton, Illinois  
Responsible of neuro-complex patient management in acute and sub-acute settings  
Provided physical medicine & rehabilitation consultation services in acute care setting  
Participated in presentation to the Center for Comprehensive Rehabilitation Services  
Directly involved in the Concussion Expert Work Group for the Center for Disease Control and Prevention  
Gave 3 hour lecture entitled Brain Injury Medicine: Acute Care, Rehabilitation & Research  
Lectured, Medical Grand Rounds at West-Suburban Hospital regarding spasticity treatment options  
Addressed the Marianjoy Medical Group monthly meeting regarding traumatic brain injury  
Mentor to University of Illinois medical students regarding clinical practice  
Interviewed by Daily Herald regarding brain injury  
Wrote a review of two books, dealing with memory loss for the Chicago Tribune

**Medical Director** 2004 - 2006  
**Gentiva, Rehab Without Walls**  
Gurnee, Illinois  
Provided leadership that resulted in receiving CARF certification  
Educated staff as to the management of the brain injury patient in the home setting

**Medical Director** 2001 - 2004  
**Brain Injury Medicine and Rehabilitation Program**  
**Rehabilitation Institute of Chicago**  
Chicago, Illinois  
Created and established a cohesive Brain Injury Team throughout the continuum of care  
Developed and designed a state-of-the-art Brain Injury Medicine Floor  
Directly increased the number of inpatient brain injury admits (FY 01-02-03-04)  
Directly responsible for the increase of brain injury inpatient average daily census (FY 01-02-03-04)  
Established consultation relationships with NMH Neuro ICU and Neuro Step-Down ICU  
Established monthly Brain Injury Medicine medical staff meeting  
Developed educational programs for patients, family, staff, and medical team  
Established mild traumatic brain injury outpatient program & clinic

**Interim Medical Director** 1999 - 2001  
**Brain Injury Medicine and Rehabilitation Program**  
**Rehabilitation Institute of Chicago**  
Chicago, Illinois  
Restructured Brain Injury Program connecting research, advocacy, education, and patient care  
Directly responsible for increase of brain injury inpatient average daily census by sixty percent  
Created inpatient and outpatient brain injury Comprehensive Short-Term Evaluation Programs  
Medically managed national and international multiple trauma patients  
Directly involved in national and international referral development planning  
Established outpatient baclofen pump clinic  
Initiated spasticity clinic for brain injury patients  
Created brain injury educational programs for staff

**Attending Physician, Physical Medicine and Rehabilitation** 1998 - 2004  
**Brain Injury Medicine and Rehabilitation Program**  
**Rehabilitation Institute of Chicago**  
Chicago, Illinois  
Responsible for inpatient service and outpatient clinics in the brain injury, stroke, general, medically complex, and multiple trauma rehabilitation population

**Chairperson** 1999-2004  
**Emergency Medical Services/Cardiopulmonary Resuscitation Committee**  
**Rehabilitation Institute of Chicago**  
Chicago, Illinois  
Created policy regarding pronouncement protocol and CPR documentation  
Updated inpatient systems to meet ACLS protocols  
Established mock code procedures for PM&R Residents & EMS/CPR policy for satellite sites  
Pioneered RIC policy regarding family presence during cardio-pulmonary arrests

**Committee Member** 1998 - 2004  
**Rehabilitation Institute of Chicago**  
Chicago, Illinois  
Active participant in the following:  
Continuing Professional Medical Education Committee  
Respiratory Care Subcommittee  
Medical Care Committee  
Medical Executive Committee

#### **INTERNATIONAL SPEAKER**

**Invited Speaker** July 25, 2008  
**Universidad Estatal de Milagro**  
**Naranjal, Ecuador**  
"Community, Necessity, Solutions: A New Concept in Exploration, Integration & Design in Rehabilitation Medicine"  
"Patho-physiology & Acute Treatment of the Brain Injury Patient"  
Consulted regarding design and architecture of fully accessible "Exploration Center"

**Guest Speaker** March 18-19, 2005  
**Institut Republike Slovenije za Rehabilitacijo**  
**Ljubljana, Slovenia**  
"Intensive Neuro-Rehabilitation in the Patient with Acute Stage Traumatic Brain Injury"  
Provided consultation regarding development of brain injury inpatient and outpatient program

**Lecturer**  
**International Brain Injury Association** May, 2003  
**Stockholm, Sweden**  
"Issues in Assessment and Treatment of Vegetative Symptoms, Labile Affect and Depressed Mood in the Traumatic Brain Injury Patient"

**Keynote Speaker** Dec, 2001  
**Fundacion para la Lucha Contra Enfermedades Neurologicas de la Infancia,**  
**Instituto de Investigaciones Raul Carrea**  
**Buenos Aires, Argentina**  
Delivered inaugural speech and gave academic presentation entitled:  
"Factors Influencing Recovery and Outcome Following Traumatic Brain Injury"

## PAST ACADEMIC APPOINTMENTS

**Assistant Professor, Physical Medicine and Rehabilitation** 2001 - 2004  
**Northwestern University, Feinberg School of Medicine**  
Chicago, Illinois  
Responsible for education and supervision of residents and medical students

**Clinical Instructor, Physical Medicine and Rehabilitation** 1998 - 2001  
**Northwestern University, Feinberg School of Medicine**  
Chicago, Illinois  
Responsible for education and supervision of residents and medical students

## ACADEMIC PROFESSIONAL ACTIVITIES

**Speaker & Lecture Series Planner** February 27, 2009  
**Naperville 203 & 204 School District**  
Naperville, Illinois  
Current Concepts in the Treatment, Rehabilitation & Community Re-Entry of  
People with Brain Injury: A Team Approach.

**Foreword Author** February, 2009  
Wrote foreword for book entitled "every 21 seconds"

**Speaker, Multiple Sclerosis Wellness Series** Sept. 16, 2008  
**The Chicago Center for Neurological Care & Research**  
**Association with Consultants in Neurology MS Center**  
Deerfield, Illinois  
"Physical Therapy & Exercise in MS"

**Invited Speaker** February 25, 2008  
**Scholarship of Practice Lecture Series**  
**UIC Department of Occupational Therapy**  
Chicago, Illinois  
"Interdisciplinary Approach to Treating the Brain Injury Patient"

**Medical-Ethics Consultant: Terry Schiavo Case** March, 2005  
Expert consultant on medical condition, level of consciousness and potential for recovery  
Presented findings in front of the Florida Senate Sub-Committee

**Project and Expert Work Group Member**  
**Heads Up: Concussion in High School Sports** 2005  
**Heads Up: Brain Injury in Your Practice** 2002  
**Department of Health and Human Services**  
**Center for Disease Control and Prevention**  
Over a period of 3 years extensively participated in the development of 2 multimedia educational  
toolkits aimed at physicians and coaches for the early detection of mild brain injury

**Chairperson, Annual Multidisciplinary Brain Injury Courses** 2000 - 2004  
**Rehabilitation Institute of Chicago**  
Chicago, Illinois  
Chaired, presented and coordinated 2-day annual educational courses:

May, 2004 "Current Concepts: Coma, Consciousness, and Concussion" (CME 12.25)  
May, 2003 "Brain Injury: A Continuum of Care from Injury to Rehabilitation" (CME 11.75)  
May, 2002 "Current Issues and Solutions Through Research and Clinical Practice" (CME 12.5)  
March, 2001 "People. Needs. Solutions." (CME 12)  
March, 2000 "Creating Changes in the Evaluation and Rehabilitation of the Adult with Brain Injuries  
for Functional Outcomes" (CME 12)

**Advisory Board Member**

1999 - 2004

Chicago, Illinois

Participated in the following:

- 2008 Liv HOME - Advisory Board
- 2004 Maxim Healthcare Services - Professional Advisory Board
- 1999 - 2004 RIC Injury Prevention Program - Policy Work group
- 1999 - 2001 Midwest Traumatic Brain Injury Clubhouse

**POST - GRADUATE TRAINING**

**Resident Physician, Physical Medicine and Rehabilitation**  
**Boston University Medical Center and Affiliates**

July, 1995 - June, 1998

Boston, Massachusetts

**Intern Physician, Medicine**

July, 1994 - June, 1995

**Norwalk Hospital, Yale University School of Medicine**

Norwalk, Connecticut

**EDUCATION****Doctor of Medicine**

May, 1994

University of Illinois, College of Medicine  
 Rockford, Illinois

**Master of Science, Policy Analysis and Public Management**

May, 1984

State University of New York at Stony Brook, W. Averell Harriman College  
 Stony Brook, New York

**Bachelor of Arts, Social Science Interdisciplinary**

May, 1984

*Minor: Community and Preventive Medicine*  
 State University of New York at Stony Brook  
 Stony Brook, New York

**CREDENTIALS / SKILLS****Fellow**

- American Academy of Physical Medicine and Rehabilitation, 2003

**Diplomate**

- American Board of Physical Medicine and Rehabilitation, 2000
- National Board of Medical Examiners, 1996

**Licensure**

- State of Illinois Department of Professional Regulation
  - Licensed Physician and Surgeon (active)
  - Controlled Substance (active)
- United States Drug Enforcement Agency (active)
- Massachusetts License in Medicine (expired)

**Foreign Language**

- Fluent in Spanish (oral and written)

**Clinical Training**

- Traumatic and Anoxic Brain Injury, Spinal Cord, Amputation, Prosthetics and Orthotics, Musculoskeletal, Geriatrics, General & Cardiac Rehabilitation, EMG, Nerve Blocks, Research, Consult Service, IME, Pain, Spasticity and Baclofen Pump Management

## PUBLICATIONS AND AWARDS

### Articles

- ***Traumatic Brain Injury: Epidemic or Pandemic?***  
Senno R.  
M.D. News, Vol. 2, No.1  
January/February, 2009
- ***2 Thoughtful Examinations of the Human Brain and Memory***  
Senno R.  
Chicago Tribune, Book Section (14) November 27, 2005
- ***Brain Injury Medicine:  
Treatment of the Acute Patient as Illustrated by a Case Study***  
Senno R.  
Poskodba glavevpliv celovite nevrorehabilitacijske obravnave  
na funkcijski izid, Intitut Republike Slovenije za rehabilitacijo  
March, 2005
- ***A Measure of Neurobehavioral Functioning After Coma.  
Part II: Clinical and Scientific Implementation***  
Pape T, Senno R, Guernon A, Kelly J.  
Journal of Rehabilitation Research & Development  
January/February, 2005
- ***Who is Morpheus?  
Sleep Issues in the Brain Injury Population***  
Senno R.  
Midwest Brain Injury Clubhouse Connection  
December, 2001

### Abstract

- ***A Medical Yardstick for Unconscious Patients***  
Pape T, Senno R, Kelly J.  
American Neurological Association/Outcomes Conference  
September, 2000 - Chicago, Illinois

### Scientific Poster Presentations

- ***Intrathecal Baclofen Administration in the Management of  
Hyperadrenergic State in an Adult with Severe Anoxic Brain  
Injury: A Case Report***  
Senno R, Duraski S, Ahmed G, Anderson V.  
AAPM&R 65<sup>th</sup> Annual Assembly  
October, 2004 - Chicago, Illinois
- ***Alternative Treatment in the Management of Combined  
Hyperadrenergia and Spasticity in the Adult with a Severe  
Traumatic Brain Injury: A Case Report***  
Anderson V, Ahmed G, Duraski S, Senno R.  
AAPM&R 65<sup>th</sup> Annual Assembly  
October, 2004 - Chicago, Illinois
- ***Botulinum Toxin A in the Treatment of Temporo-Mandibular  
Joint Dislocation in an Adult with Anoxic Brain Injury:  
A Case Report***  
Senno R, Marciniak C, Olsson A, Esposito N, Duraski S.  
AAPM&R 64<sup>th</sup> Annual Assembly  
October, 2003 - Orlando, Florida

•**The Use of Open Phenol Blocks in the Treatment of Lower Extremity Spasticity in an Adult with Severe Traumatic Brain Injury: A Case Report**

Senno R, Sisson G, Duraski S.  
AAPM&R 64<sup>th</sup> Annual Assembly  
October, 2003 - Orlando, Florida

•**Measurement of Cerebral Activity in a Male Participant Four and Six Years Post Severe Brain Injury**

Pape T, Gitelman D, Parrish T, Senno R, Kelly J, Weiner B.  
Accepted for presentation at the AAPMR 63<sup>rd</sup> Annual Assembly  
September, 2001 - New Orleans, Louisiana

•**Innovations in Alignment with the Use of Orthotic Management Systems: A Case Study**

Senno R, Gaebler-Spira D, Hajela R.  
12<sup>th</sup> European Congress of Physical Medicine and Rehabilitation  
June, 2000 - Antalya, Turkey

•**Innovations in Alignment with the Use of Orthotic Management Systems: A Case Study**

Senno R, Gaebler-Spira D, Hajela R.  
Association of Children's Prosthetics-Orthotics Clinic  
Sponsored by the Academy of Orthopedic Surgeons  
April 26-29, 2000 - Banff, Canada

**Case Study**

•**Pathological Crying and Laughing: Treatment with Sertraline**

Mukand J, Kaplan M, Senno R, Bishop D.  
Archives of Physical Medicine and Rehabilitation  
1996; 77:1309-11

**United States Patent  
#4,625,425**

*Universal Triangle*

- Awarded for the original invention of a drafting instrument used in engineering, architecture, graphic arts, and education  
December, 1986

**Ciba-Geigy  
1991**

- For outstanding community service

**Theodore Sachs Scholarship  
1991**

- For academic achievement

**Master Thesis  
1983**

•**Juvenile Detention: A Study in Alternatives**

Planning and Program Development Office  
New York City Department of Juvenile Justice  
Research and analysis of juvenile pre-trial detention options

**CURRENT ACADEMIC ACTIVITIES**

**Studies/Articles**

•**Prospective, Randomized, Double Blinded Study of the Use of Lactobacillus GG in the Prevention of Clostridium Difficile** (submitted for publication)

Stork J, Senno R.

•**Spasticity: Understanding the Occurrence, Clinical Setting and Comprehensive Approach to its Treatment as Illustrated by 3 Case Studies.** (submitted for publication, Neurological Research)

Senno R, Konstantin S.

- **A Static Measure of Cerebral Functioning in the Unconscious Patient: Evidence of Reliability & Validity of the Disorder of Consciousness Scale** (work in progress)  
Pape T, Heinemann A, Kelly J, Senno R.
- **Management of Adult Traumatic Brain Injury Patient: A Rehabilitation Pathway** (work in progress)  
Odle C, Senno R.
- **Predicting Recovery with the DOCS+GCS up to Two Years After Injury** (work in progress)  
Pape T, Weaver F, Heinemann A, Lundgren S, Sanford B, Harder A, Kelly J, Senno R, Escobar N, Fitzpatrick C, Rosenow J.

## TEACHING EXPERIENCE

### Lecturer

- **Medicina Scholars Program – Hispanic Center of Excellence, University of Illinois**
  - Health Policy (Dec. 6, 2008)
  - History of Medicine (Nov. 8, 2008)
  - Cultural Perspective in Medicine (April 5, 2008)
- **Leadership Development Conference – Hispanic Center of Excellence, University of Illinois**
  - Brain Injury as it Relates to Clinical Practice (May 30-31, 2008)
  - Invited Alumni Testimonial, Springfield Illinois (April 29, 2008)
- **El Valor – Fulbright Association**
  - Form, Function, Finance, & Future (Oct. 13, 2007)
- **Rush-Oak Park Hospital Community Outreach Program**
  - Memory Issues (Oct. 11, 2006)
- **Loyola Stritch School of Medicine  
Loyola University Medical Center**
  - Fundamentals & Current Concepts in the Treatment & Rehabilitation of People with Brain Injury: *Combining Form & Function to Better Serve Patients, Their Families & the Community* (Feb 25 & Oct. 19, 2006)
- **West-Suburban Hospital, Grand Rounds Lecture Series**
  - CRRN Review Course - Traumatic Brain Injury (Oct. 17, 2006)
  - Spasticity: Pathophysiology & Treatment Options (Jan. 11, 2006)
- **Marianjoy Rehabilitation Hospital  
Marianjoy Medical Group Education Series**
  - Neuro-Rehabilitation in the Patient with Traumatic Brain Injury (Dec. 1, 2005)
- **Marianjoy Rehabilitation Hospital, Resident Education Series**
  - Difficulty in Concentration – Mild Brain Injury (March 8, 2007)
  - Spasticity Pathophysiology & Treatment (Feb. 8 & 22, 2006)
  - Pathophysiology & Treatment of ALS (Jan. 25, 2007)
  - Brain Injury Medicine: Acute Care, Rehabilitation & Research (Oct. 6, 2005)

- **National Rehabilitation Hospital – Washington, D.C.**  
**Grand Rounds**  
 -Advanced Brain Injury Medicine, Rehabilitation & Research (Jan. 28, 2005)
- **Gentiva Rehab Without Walls Annual Meeting & Symposium**  
 -Disease Management/Outcome  
 -Enhancing Working Relationships between Referral Sources & Homecare  
 -Expected Changes in the Healthcare Industry  
 -How to Make the Homecare Experience Better for All (Jan. 12-13, 2005)
- **Eastern Virginia Medical School**  
**Department of Physical Medicine and Rehabilitation**  
 -Foundations of Brain Injury (Dec. 2004)
- **St. James Hospital, Trauma Symposium**  
 -Recovery Continues: The Rehabilitation Continuum (April 15, 2004)  
 -Rehabilitation of the Brain Injury Patient (May 17, 2003)
- **Loyola University Medical Center**  
**Visiting Professor Lecture Series**  
 -Factors Influencing Recovery and Outcome Following Traumatic Brain Injury Part I, II, III (Feb. 25, 2004)
- **RIC Associate Board Presentation**  
 -Traumatic Brain Injury: Implications (Feb. 10, 2004)
- **Northwestern Memorial Hospital**  
**Neuro - Lunch and Learn Program**  
 -Stimulation in the Brain Injury Patient (Jan. 15, 2004)
- **Travelers Insurance Company**  
**National Videoconference Lecture**  
 -Management of Traumatic Brain Injury (Nov. 11, 2003)
- **Equip for Equality TBI Project Advisory Council**  
 -The Impact of Adult Traumatic Brain Injury (Dec. 9, 2003)
- **Kuwaiti, Qatar, & Saudi Arabia Embassies-Washington, D.C.**  
 -Rehabilitation Medicine as it Relates to Brain Injury (July 10, 2003)
- **Internet Presentation**  
 -Brain Injury Consequences and Treatment (Jan. 29, 2003)
- **Rehabilitation Institute of Oregon,**  
**Legacy Meridian Park Hospital**  
**Community Health Education Center – Portland** (Nov. 1-2, 2002)  
 -Interdisciplinary Rehabilitation Management in Brain Injury  
 -Factors Influencing Outcomes of Brain Injury  
 -Complications of Brain Injury  
 -Spasticity Model  
 -Models of Treatment Delivery
- **Heads Up: Peer Support Group for Head Injury Survivors**  
 -Memory Strategies Following Brain Injury (Jan. 2002)  
 -How the Brain Heals Itself: Simple Answers to Complex Questions (Feb. 2002)

•**Brain Injury Association of America - Minneapolis**

- Disorders of Consciousness Scale and its Clinical Application  
Pape T, Senno R. (July, 2002)

•**RIC Allied Health In-Service**

- Treatment of Spasticity (Feb.19, 2004)
- Closed Head Injury (July, 2003)
- How Safe and Effective are Herbal Remedies (March, 2002)
- Traumatic Brain Injury (Aug. 2001)
- Foundations & Cranial Nerve Damage in Brain Injury (Sept. 24, 2001)
- Emergency Awareness for Allied Health Staff (May, 2001)
- Seminar: Foundations in the Care of Patients with Brain Injuries (Nov. 18, 2000)

•**Illinois Brain Injury Association**

- Who is Morpheus? Sleep Issues in the Brain Injury Population (Nov. 2001)

•**RIC Disability Ethics Seminar**

- Family Presence During Cardiac Arrest/Codes (April 10, 2001)
- Traumatic Brain Injury and Restraints (Feb. 27, 2001)
- Ethical Parameters in the Use of Chemical Restraints (Jan. 9, 2001)

•**Senior Works-in-Progress**

- Family Presence During Cardiac Arrest/Codes (March 28, 2001)

•**Southwest Rehabilitation Hospital Staff Seminar**

- The Management of Traumatic Brain Injury in the Inpatient & Outpatient Continuum (March 27-28, 2001)

•**RIC Hospital and Clinics Forum**

- Make No Small Plans... The 5-Year Brain Injury Program Plan (Feb. 20, 2001)

•**U.S. Department of Health and Human Services/RIC**

- Post-Stroke Rehabilitation: Clinical Practice Guidelines  
Little Company of Mary Hospital (Feb. 23, 2000)  
Northern Illinois Medical Center. McHenry, Illinois (Sept. 24, 1999)

•**Fireman's Fund Seminar**

- Brain Injury: Who are They Now? (Sept. 19, 2000)

•**RIC Resident/Medical Student Continuing Education**

- Make No Small Plans.....
- Epidemiology and Pathophysiology of Brain injury
- Coup-Contra Coup and Diffuse Axonal Mechanisms of Injury
- Primary and Secondary Brain Injury Mechanisms
- Emergencies in TBI
- Treatment of the Agitated Patient
- Complications and Treatments in the Brain Injury Patient
- Pathophysiology and Treatment of Spasticity
- Daily teaching rounds

**Instructor/Lecturer**

•**USMLE Step 1 Review Course (CPR 1)**

- Finch University of Health Sciences  
The Chicago Medical School  
Supervised the Step 1, summer course  
Instructor for Step 1, winter course (1992-1993)

## **MEDIA EXPERIENCE**

### **Print**

- **Chicago Tribune**  
"Swing And A Miss At Metal Bats"  
Quoted in article  
Dardick H. Feb. 26, 2009 (Section 1)
  
- **Daily Herald**  
"Would A Ball Hit Off A Wooden Bat Do This?"  
Quoted in article  
Cox, T. Feb. 26, 2009 (Front)
  
- **Chicago Sun-Times**  
"Metal Bat Ban Appears Headed For The Scrap Heap"  
Quoted in article  
Spielman F. Feb. 26, 2009 (Metro)
  
- **Daily Herald**  
"Picking Up The Pieces"  
Interviewed and quoted in article  
Stevens, S. Sept. 9, 2005 (Health and Fitness)
  
- **Chicago Tribune**  
"They Are Shadows"  
"The Pain of Progress"  
"Into the Unknown"  
Featured, interviewed and quoted in a 3 article series  
Keller J. Dec. 17, 18, 19, 2003
  
- **Chicago Sun-Times**  
"Hit Your Head? Use it and See a Doctor"  
Interviewed and quoted in article  
Moore H. April 30, 2003
  
- **Chicago Tribune**  
"Despite Slim Hope, Officer Lives Miracle"  
Interviewed and quoted in article  
Manier J. May 26, 2002
  
- **Chicago Tribune Magazine**  
"Starting Over" (cover story)  
Interviewed and quoted in article  
Adams-Smith J. January 13, 2002 (Section 10)
  
- **RIC Sponsored Statement**  
**US News & World Report**  
**America's Best Hospitals Ranking**  
"Learning to Live Again"  
Interviewed and quoted in article  
July 23, 2001
  
- **Advance for Directors in Rehabilitation**  
"The Void After Brain Injury" (cover story)  
Interviewed and quoted in article  
Landsmann M. March, 2001; 10:34-8
  
- **RIC News Release**  
"Child Passenger Safety"  
Interviewed and quoted in article  
February 9, 2001

## Television

- Chicago Tribune**

"Florida Woman Brought Out of Coma After Fall From Balcony"  
Interviewed and quoted in article  
Neff E. August 18, 2000 (Section 2, 5)

- Web MD**

"Knock, Knock: Repeated Concussions Can Cause Mental Problems  
For Football Players"  
Interviewed and quoted in article  
MacReady N. May 4, 2000

- Discovery Channel**

- Second Opinion with Dr. Oz**

"What You Need to Know About the Brain"  
Interviewed and featured - October 22, 2003

- WMAQ-TV, (NBC), Chicago**

- CLTV (ChicagoLand Television News)**

U.S. News & World Report Hospital Ranking"  
Interview - July 13, 14, 2001 (6am, 7:25am, 6pm, 10pm)

- Telemundo Newscast, WSNS Channel 44**

"Mayor of Chicago Anti-Handgun Initiative"  
Interview - February 8, 2001 (5pm)

- Telemundo Newscast, WSNS Channel 44**

"Smart Choices for 2000 - Think First Injury Prevention Program"  
State of Illinois, The Circuit Court of Cook County Traffic Division  
Interview - May 15, 2000 (5pm & 10pm)

- Univision Newscast, WGBO Channel 66**

"Smart Choices for 2000 - Think First Injury Prevention Program"  
State of Illinois, The Circuit Court of Cook County Traffic Division  
Interview - May 15, 2000 (5pm)

- Telemundo Newscast, WSNS Channel 44**

"State Governors Safe Neighborhood Act"  
Interview - December 27, 1999 (10pm)

## Film

- The Lighty Family: The Long Road Home**

Featured in CD-ROM Photo-documentary  
Smith-Adams J. May, 2003

## ADDITIONAL EXPERIENCE

### Reviewer

- Neuropsychological Management of Mild Traumatic Brain Injury***

Oxford University Press Inc., 2000  
Raskin S, Mateer C.

- Clonidine in the Management of Asymmetrical Gustatory Facial Sweating: An N-of-1 Trial***

Nesathurai S, Harvey D.  
Archives of Physical Medicine and Rehabilitation. 1996; 77:906-8

### Member

1995 (Internship)

- Attending / Resident Patient Care & Curriculum Committee**

Norwalk Hospital, Yale University School of Medicine

**Researcher**  
1990-1991

- **Department of Surgery**  
**University of Illinois, College of Medicine**  
"Apportioned Nerve Graft"  
Independently performed rat sciatic nerve grafts by microsurgical techniques. Successfully evaluated and quantified the post graft neuro-muscular functional return to both sciatic nerve and lower limb. Presented the results at biological research seminar

**Project Coordinator**  
1985-1988

- **Queens Borough Neighborhood Preservation Office**  
New York City Department of Housing Preservation and Development  
Planning and implementation of city programs relating to government loans, urban renewal, and management of city property.

**Scuba Diver**

- **Advanced Open Water Diver**  
Cert. # PADI 80199685

**Charter Member**

- **Stony Brook Alumni Association**  
ID. # 102991730

## CONTINUING PROFESSIONAL EDUCATION

**Attendee**

- **Hispanic Center of Excellence – University of Illinois**  
**Department of Surgery, College of Medicine**  
-New Frontiers in the Treatment of the Hispanic Community  
Chicago, Illinois. May 14, 2008 (CME 3)
- **Spasticity / Intrathecal Baclofen Pump Workshop**  
-Sponsored by Medtronic  
Orange County, California. 2008
- **6<sup>th</sup> Annual Illinois Legislative Latino Caucus**  
**Foundation Conference**  
-Rosemont, Illinois. December 4, 2008
- **5<sup>th</sup> Annual Illinois Legislative Latino Caucus**  
**Foundation Conference**  
-Rosemont, Illinois. December 6, 2007
- **Annual European Congress of Rheumatology (EULAR)**  
-Barcelona, Spain. June 13 - 16, 2007 (CME 17)
- **American Society of Clinical Pathologist (ASCO)**  
-Chicago, Illinois. June 1 - 6, 2007 (CME 26.75)
- **Marianjoy Medical Group, Marianjoy Rehabilitation Hospital**  
-Wheaton, Illinois. Dec. 1, 2005 (CME 1)
- **ACRM-ASNR Joint Conference**  
-Achieving Evidence-Based Rehabilitation  
Chicago, Illinois, Sept. 28 - Oct. 2, 2005 (CME 16)
- **AAPM&R Annual Assembly**  
-65<sup>th</sup> Annual Assembly. Chicago, Illinois. Oct. 2003 (CME 20.5)  
-64<sup>th</sup> Annual Assembly. Orlando, Florida. Nov. 2002 (CME 17.5)  
-62<sup>nd</sup> Annual Assembly. San Francisco, California. Nov. 2000 (CME 10.5)

- **Brain Injury Association of Illinois - Lisle, Illinois**
  - You Gotta Have Faith: Challenge and Change after Brain Injury, 2003 (CME 8.25)
  - Bridging the Gap: Making Community Connection, Nov. 9, 2001
- **Brain Injury Association of America**
  - Widening the Circle: Constituencies, Collaborators & Communities. Minneapolis, Minnesota. July 24-27, 2002
  - Building Blocks of Change. Atlanta, Georgia, 2001
  - At the Crossroads: The Future of Brain Injury 2000 and Beyond. Chicago, Illinois. August, 2000 (CME 3)
- **Motor Recovery After Stroke: Exploring the Science of Neural Growth, Plasticity, and Rehabilitation (CME 13.5)**  
**Rehabilitation Institute of Chicago**  
 Chicago, Illinois. October 4-5, 2001
- **Spasticity Management: A Multidisciplinary Approach Workshop**  
 Sponsored by Medtronic  
 San Diego, California. January 19-20, 2001
- **11<sup>th</sup> and 12<sup>th</sup> Annual Kessler Review Course in Physical Medicine and Rehabilitation**  
 KMRREC & Dept. of PM&R – UMDNJ, New Jersey Medical School  
 New Jersey. 1999 & 2000 (CME 160)
- **Rehabilitation Institute of Chicago Grand Rounds (CME 100)**  
 Chicago, Illinois. 1998-2004

REFERENCES FURNISHED UPON REQUEST

Updated Feb. 2009

May 20, 2014

Mr. Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in becoming the manager of the proposed comprehensive physical rehabilitation service unit. I fully understand and will seek to obtain certification.

I am a practicing Clinical Nurse Specialist in the area of orthopedics. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

If you should have need for further information, please feel free to contact me.

Sincerely,

Diane Ryzner, RN, APN, CNS, OCNS-C

Enclosure

**APPENDIX-3**

**Curriculum Vitae of  
Diane M. Ryzner**  
2705 Millstone Lane  
Rolling Meadows, IL 60008  
Home: 847-925-0619  
Email: [Dryzner@aol.com](mailto:Dryzner@aol.com)

**EDUCATION**

- 2003-2006 Northern Illinois University, DeKalb, IL  
Master of Science in Nursing, Adult Clinical Nurse Specialist
- 1975-1979 Northern Illinois University, DeKalb, IL  
Bachelor of Science in Nursing

**LICENSES AND CERTIFICATIONS**

- Nursing license IL 041-194974 (expires 2016)
- APN license IL 209.006391 (expires 2016)
- 1983-present American Association of Critical Care Nurses Certification (CCRN);  
alumnus status, effective 2010
- 1980-present American Heart Association Basic Life Support (BLS)
- 1985-present American Heart Association Advanced Cardiac Life Support (ACLS)
- 2006-present American Nurse Credentialing Center Board Certification as  
Clinical Nurse Specialist, Adult Health (expires November 2016)
- 2011-present Orthopedic Nurses Certification Board Certification as Orthopedic  
Clinical Nurse Specialist (OCNS-C), expires 2016
- 2012 Green Belt, Lean Six Sigma at NCH, trained in Fall 2012
- 2013 "Improving Patient Flow in Surgery (MOR/DSC) Lean Event, 9/9 thru 9/  
13/13. One of two Green Belts facilitating this 4 ½ day event.
- 2013 Trained as Operational Coach for Care Logistics model at NCH

## EMPLOYMENT HISTORY

- August 2007-present**      **Northwest Community Hospital, Arlington Heights, IL**  
Clinical Nurse Specialist for Orthopedic Unit
- August 1980-2007**        **Northwest Community Hospital, Arlington Heights, IL**  
Staff Nurse, Critical Care Unit
- January 1980-July 1980** **St. Joseph Medical Center, Joliet, IL**  
Staff Nurse, Medical-Surgical-Telemetry Unit

## CONSULTATIVE ACTIVITIES

- May to September 2007    Consultant for Critical Care Unit (CCU) of Northwest Community Hospital, serving as support and liaison representing CCU for Informatics/Electronic Documentation implementation

## PROFESSIONAL ORGANIZATIONS

- 2009-present                National Association of Orthopedic Nurses (NAON)
- Orthopedic Nurse Certification Board (ONCB)  
July 2011: Official volunteer as Ambassador to promote certification in Orthopedic Nursing  
October 2011: Volunteer serving on Recertification Committee  
January 2013: Vice-Chair of Recertification Committee  
January 2013: Selected as Item Writer for ONCB exam  
January 2014: Chair of Recertification Committee, Board member
- 2006-present                National Association of Clinical Nurse Specialists (NACNS)  
October 2011: Volunteer Abstract Reviewer, 2012 Annual Conference  
September 2012: Volunteer Abstract Reviewer, 2013 Annual Conference
- 2004-present                Sigma Theta Tau, Beta Omega Chapter, Northern IL University
- 2003-2008                    Society of Critical Care Medicine
- 2003-present                IL Society for Advanced Practice Nursing (ISAPN)  
August to November (2008) served as Clinical Nurse Specialist (CNS) representative on Media Task Force Committee  
October 2011: Appointed to Board of Directors as CNS Representative  
October 2012: Elected to Board of Directors as CNS Representative
- 1981-present                American Association of Critical Care Nurses (AACN), national membership; local membership in Northwest Chicago Area Chapter

**PRESENTATIONS**

- December 2013 "End of Life: Nursing and Medical Perspectives," presented to all senior religion ethics and morals classes at St. Viator High School, Arlington Heights, IL
- June 2013 "Preventing Orthopaedic Surgical Site Infections Course," co-presenter of a recorded webinar offering 1.55 Contact Hours, for National Association of Orthopedic Nurses
- May 2013 "Clinical Practice SIG Presents: Patient and Family-Centered Collaborative Care," one of five panelists at National Association of Orthopedic Nurses 33<sup>rd</sup> Annual Congress, San Antonio, TX
- November 2012 "End of Life: Nursing and Medical Perspectives," presented to all senior religion ethics and morals classes at St. Viator High School, Arlington Heights, IL
- May 2012 "Day of Surgery Activity for Joint Replacement Patients." One of five panelists on a Clinical Practice Special Interest Group Panel, speaking about Strategies Used in Your Organization for Clinical Practice Improvement/Advancement. National Association of Orthopaedic Nurses 32<sup>nd</sup> Annual Congress, New Orleans, LA
- November 2011 "End of Life: Nursing and Medical Perspectives," presented to all senior religion ethics and morals classes at St. Viator High School, Arlington Heights, IL
- October 2011 "Incredible Value! How CNS Practice Can Optimize Outcomes and Help Achieve Organizational Goals," presented at IL Society for Advanced Practice Nurses Midwest Conference, East Peoria, IL
- May 2011 "Impact of Daily Walking Rounds on Indwelling Urinary Catheter Days in a Community Hospital Orthopedic Population," oral presentation of poster at National Association of Orthopedic Nurses 31<sup>st</sup> Annual Congress, Baltimore, MD
- November 2010 "End of Life: Nursing and Medical Perspectives," presented to all senior religion ethics and morals classes at St. Viator High School, Arlington Heights, IL
- November 2009 "End of Life: Nursing and Medical Perspectives," presented to all senior religion ethics and morals classes at St. Viator High School, Arlington Heights, IL

**PRESENTATIONS (cont'd)**

- October 2009            "Staying Healthy in a World Full of Germs," presented to members of the Ministry of Care at St. Colette Parish, Rolling Meadows, IL
- April 2009             Schwartz Rounds panel member, topic "Caring for Family Members," Northwest Community Hospital, Arlington Heights, IL
- January 2009          "End of Life: Nursing and Medical Perspectives," presented to all senior religion ethics and morals classes at St. Viator High School, Arlington Heights, IL
- November 2008        "Health Literacy: Lost in Translation," presented at 5<sup>th</sup> Annual Nursing Research Symposium: Nurses as Teachers, Naperville, IL
- May 2007              "Sleep in the ICU!" presented at monthly meeting of Northwest Chicago Area Chapter of the American Association of Critical Care Nurses
- April 2006             "Catholics and End of Life Issues," co-presenter with the pastor at St. Colette Parish, Rolling Meadows, IL
- May 2004              "Evidence Based Practice at Northwest Community Hospital," co-presenter for Nursing Research Council, at Northwest Community Hospital

**POSTERS**

- April 2014 "Impact of Day of Surgery Activity on Meeting Criteria for Discharge in Knee Replacement Patients," poster presented at University of Iowa 21<sup>st</sup> Annual National Evidence-Based Practice Conference, Coralville, IA
- September 2013 "Impact of Day of Surgery Activity on Meeting Criteria for Discharge in Knee Replacement Patients," poster presented at IL Organization for Nurse Leaders Conference, Lisle, IL
- May 2013 "Impact of Day of Surgery Activity on Meeting Criteria for Discharge in Knee Replacement Patients," poster presented at National Association of Orthopedic Nurses Congress, San Antonio, TX
- May 2013 "Implementation of a Fast Track Program for Total Knee and Hip Replacement at a Suburban Community Hospital," poster presented at National Association of Orthopedic Nurses Congress, San Antonio, TX
- April 2013 "Impact of Day of Surgery Activity on Meeting Criteria for Discharge in Knee Replacement Patients," poster presented at Ruth K. Palmer Research Symposium, Loyola University, Maywood, IL
- March 2013 "Impact of Day of Surgery Activity on Meeting Criteria for Discharge in Knee Replacement Patients," poster presented at National Association of Clinical Nurse Specialists Conference, San Antonio, TX
- May 2012 "Hot? Maybe Not! An APN Investigation of Tympanic Thermometer Reliability on an Orthopaedic Unit," poster presented at National Association of Orthopaedic Nurses 32<sup>nd</sup> Annual Congress, New Orleans, LA
- May 2012 "SCIP Antibiotic Metrics: A Bundled Solution for Orthopaedics," poster presented at National Association of Orthopaedics Nurses 32<sup>nd</sup> Annual Congress, New Orleans, LA
- June 2011 "Impact of Daily Walking Rounds on Indwelling Urinary Catheter Days in a Community Hospital Orthopedic Population," poster displayed at Northwest Community Hospital Research Day
- May 2011 "Impact of Daily Walking Rounds on Indwelling Urinary Catheter Days in a Community Hospital Orthopedic Population," poster and oral poster presentation at National Association of Orthopedic Nurses 31<sup>st</sup> Annual Congress, Baltimore, MD

**POSTERS (cont'd)**

- May 2009 "Effect of 5 Minute Effleurage Back Massage on Patient Self-Report of Nighttime Sleep in a Critical Care Unit," presented at Northwest Community Hospital Research Day
- March 2009 "Effect of 5 Minute Effleurage Back Massage on Patient Self-Report of Nighttime Sleep in a Critical Care Unit," presented at Northwest Chicago Area Chapter of American Association of Critical Care Nurses annual Midwest Conference in Lincolnshire, IL
- March 2008 "Implementation of an Evidence-Based Enteral Feeding Protocol in a Community Hospital Critical Care Unit," presented at Northwest Chicago Area Chapter of American Association of Critical Care Nurses annual Midwest Conference in Lincolnshire, IL
- November 2007 "Implementation of an Evidence-Based Enteral Feeding Protocol in a Community Hospital Critical Care Unit," presented at Nursing Research Symposium: Achieving Excellence with Evidence Based Practice, Naperville, IL
- October 2007 "Implementation of an Evidence-Based Enteral Feeding Protocol in a Community Hospital Critical Care Unit," presented at Northwest Community Hospital Nursing Research Day
- April 2007 "Implementation of an Evidence-Based Enteral Feeding Protocol in a Community Hospital Critical Care Unit," author of poster; presented at 14<sup>th</sup> National Evidence-Based Practice Conference, Implementation Strategies: Making It Happen; University of Iowa Hospitals & Clinics Department of Nursing in Coralville, IA
- March 2007 "Implementation of Early Goal-Directed Therapy for Sepsis at a Community Hospital Through a Multidisciplinary Approach," co-author; presented at Northwest Chicago Area Chapter of American Association of Critical Care Nurses annual Midwest Conference in Arlington Heights, IL
- May 2006 "Implementation of Early Goal-Directed Therapy for Sepsis at a Community Hospital Through a Multidisciplinary Approach," co-author; presented as a Creative Solutions Poster at the National Teaching Institute of the American Association of Critical Care Nurses in Anaheim, CA

**PUBLICATIONS**

***REFERREED JOURNALS***

October 2007            “Sepsis signposts: Can you spot them?”  
Co-author of article in *American Nurse Today*

***OTHER PUBLICATIONS***

Spring 2012            “Walter’s Story: Canine Blastomycosis,” in *cg magazine (celebrating greyhounds)*, Vol. 17, No. 1, an international magazine for greyhound adopters, owners, and friends

**AWARDS**

May 2009                Certificate awarded by University of St. Mary of the Lake, Mundelein, IL for completion of 2 year academic and formation program in Lay Ministry.

2007                      Nursing Research Fellowship, Northwest Community Hospital.  
Support and resources provided during year-long program for implementation of a nursing research project.

June 2006                St. Colette Service Award, presented to couples in recognition of exemplary volunteer activities at St. Colette Parish and School.

2001                      Nominated for American Association of Critical Care Nurses  
Excellent Preceptor Award.

## COMMUNITY SERVICE

- April 2014                   Presenter of “Experts in Arthritis” program on arthritis and healthy lifestyles (US Bone and Joint Initiative) to 40 participants at Immanuel Lutheran Church, Palatine, IL
- October 2013                Presenter of “Fit to a T” program on bone health and osteoporosis (US Bone and Joint Initiative) at St James Catholic Church, Arlington Heights, IL
- September 2013            Presenter of “Fit to a T” program on bone health and osteoporosis (US Bone and Joint Initiative) to 18 participants in Schaumburg, IL. Arranged by White Crane Wellness Center, Chicago.
- February 2013             Presenter of “Fit to a T” program on bone health and osteoporosis (US Bone and Joint Initiative) to 20 participants at Sikh Gurudwara, Palatine IL. Arranged by White Crane Wellness Center, Chicago.
- September 2012            Volunteer on Northwest Community Hospital medical team for Professional Golf Association Ryder Cup Tournament at Medinah Country Club, Medinah, IL
- December 2009             Volunteer vaccinator for Cook County H1N1 Immunization Clinic
- June 2009-2011            Lay ministry activity for St. Colette Parish: publication of monthly “Health and Wellness” column in weekend bulletin
- January 2009-2012         Volunteer on Cancer Awareness Committee for City of Rolling Meadows, men’s health subcommittee provides information on men’s health topics to residents of Rolling Meadows
- August 2006                Volunteer on Northwest Community Hospital medical team for Professional Golf Association Tournament at Medinah Country Club, Medinah, IL
- 1996-2011                 Lay director and lead catechist for Rite of Christian Initiation of Adults at St. Colette Parish in Rolling Meadows, IL. This is an annual program of nine month’s duration consisting of religious formation and instruction for adults joining the Catholic faith.
- 1995-present                Eucharistic minister at St. Colette Parish in Rolling Meadows, IL

April 21, 2014

Mr. Steve Scogna  
President and CEO  
Northwest Community Hospital  
800 W. Central Avenue  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a comprehensive inpatient acute rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing Physical Therapy services to the patients of this proposed comprehensive physical rehabilitation service.

I am a practicing Physical Therapist with several years of experience in the area of physical medicine and rehabilitation. I am licensed to practice in the state of Illinois and am currently an employee of Northwest Community Hospital.

If you should have need for further information, please feel free to contact me.

Sincerely,



Seema Ganjawalla, PT

**Seema P Ganjawalla**  
626 West Central Road  
Arlington Heights IL 60005

#### EDUCATION

- G. S. Medical College/University of Mumbai. Mumbai India. Bachelor of Science (Physiotherapy)-1986
- Vestibular Competency Course –March 2005
- Attended several courses over a period of 28 years on orthopaedics, neurology, geriatric, vestibular, cardiac, ICU and medical surgical. Details available upon request.

#### EXPERIENCE

- 4/94 to present – Northwest Community Hospital and continuum. 3 years at Continuing Care Center subacute rehab treating variety of medical, orthopedic and neurological patient. 1 year outpatient at Wellness Center. 3 years in Home care per diem basis treating different diagnosis patient who are homebound. Rest of the time at NCH acute care rotating through orthopaedic, neurology, medical and surgical floors treating variety of diagnosis. Participated in staff education in vestibular rehab. Teaching joint replacement class, participating fall clinic.
- 4/89 – 4/94 – B.Y.L.Nair Hospital Mumbai India. Physical Therapist treating inpatients and outpatients with orthopaedic, neurological, medical, surgical problems conducting and post natal planned exercise programs. Also participated as a clinical instructor for physical therapy students.
- 1/86 to 6/93 – Indian Okinawan Gojuryu Karatedo Federation Mumbai India. Physical therapist treating sports injury patients for this Karate Association – most patients treated having back injury, nerve injuries, ligament injuries, fractures, sprains and strains.
- 1986, 1988, 1990, 1992 – All India Karatedo Federation-Physical Therapist at Karate National Championships treating injured participants.
- 1/89-3/89-Physical Therapist treating overweight patients with complications such as diabetes and hypothyroidism.
- 11/88- 12/88 – Hirkisandas Hospital, Mumbai India. Physical Therapist treating inpatients and outpatients with different diagnosis.
- 8/88- 10/88 – Parsi General Hospital Mumbai India. Physical Therapist treating primarily geriatric patients.
- 10/86 – Indian Karate Team, Sydney Australia. Physical Therapist accompanying team and treating sports injuries at International Karate Championship.
- 2/86 -3/88 – KEM Hospital, Mumbai India. Physical Therapist treating wide variety of patients in the medical, surgical, intensive care, outpatient and inpatient department.



**Illinois Department of Financial & Professional Regulation**

Manuel Flores, Acting Secretary



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**SEARCH FOR LICENSEE BY PROFESSION:**  
**Physical Therapist, Licensed**  
**THERE ARE 1 RECORDS WHOSE NAME CONTAINS: S Ganjawalla**

Licensee's Name	DSA/AKA	License Number	License Status	City, State	Original Issue Date	Current Exprtn	Ever Disciplined?
SEENA P GANJAWALLA		070008393	ACTIVE	ARLINGTON HEIGHTS, IL	09/26/1994	09/30/2014	N

[1]

Express Access License Look-Up has been approved for use as a primary source for verification by The Joint Commission and the National Committee for Quality Assurance.

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PLEASE NOTE: If the phrase "Chaperone Required" appears below the license status, the licensee can only practice with a chaperone present. You can click on the words "Chaperone Required" for more information.

If the "Ever Disciplined" column contains a "Y," there has been disciplinary action taken against the license or against an application for a license prior to its issuance. Click on the "Y" to view details of the disciplinary action. The Department regulates various professions and issues many licenses and registrations. As such it is possible that an individual could have a license in more than one profession. License Look-Up is limited to the specific profession you have inquired about. If you wish to view comprehensive reports in Adobe Acrobat format for disciplines that occurred after September 1996, click [HERE](#). The Illinois Department of Professional Regulation publishes a monthly report detailing disciplinary action taken by the Department. Each Disciplinary Report is a listing of all licenses disciplined by the Department within a given month. The information includes the licensee's name, the discipline imposed and a brief description of the reason for the discipline. All [Monthly Disciplinary Reports](#) are accurate on the date of issuance or initial date of publication. However, disciplinary actions may be subject to further court orders that may stay, affirm, reverse, remand or otherwise alter Department disciplinary orders. Please note that discipline which has been reversed by court order will not appear in this summary of discipline.

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Click [here](#) for license status definitions.

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April 21, 2014

Mr. Steve Scogna  
President and CEO  
Northwest Community Hospital  
800 W. Central Avenue  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a comprehensive inpatient acute rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing Occupational Therapy services to the patients of this proposed comprehensive physical rehabilitation service.

I am a practicing Occupational Therapist with several years of experience in the area of physical medicine and rehabilitation. I am licensed to practice in the state of Illinois and am currently an employee of Northwest Community Hospital.

If you should have need for further information, please feel free to contact me.

Sincerely,

A handwritten signature in cursive script that reads "Jamie Rieb".

Jamie Rieb, OTR/L

4/20/14

Mr. Steve Scogna  
President and CEO  
Northwest Community Hospital  
800 W. Central Avenue  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing physical therapy services to the patients of the proposed comprehensive physical rehabilitation service.

I am a practicing physical therapist with 3 years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

If you should have need for further information, please feel free to contact me.

Sincerely,



Jennifer Stepaniuk, PT, DPT

Enclosure (CV and copy of license)

# Jennifer L Stepaniuk

27681 LaVista Dr • Mundelein, IL. 60060

847-347-0618

stepaniukjl@gmail.com

## EDUCATION

### Belmont University

Nashville, TN

*Doctorate of Physical Therapy*

*August 2011*

### Belmont University

Nashville, TN

*Bachelor of Science Degree in Exercise Science*

*May 2008, Magna Cum Laude*

*Graduating Senior Hale Leadership Award*

## WORK EXPERIENCE

### Staff Physical Therapist

- *Northwest Community Hospital, Arlington Heights, IL. September 2011-Current*
- *Community Hospital Acute Care Setting*
- *Instructor for Total Joint Replacement Pre-Operative Class*
- *Instructor for Clinical Students and Shadow Students*
- *Cancer Care Program Development Team*
- *ManorCare Health Services, Libertyville, IL. April 2013-Current (Registry Staff)*

### Personal Trainer

- *Belmont University Beaman Student Life Center, 2006-December 2010*
- *Chadwicks Personal Training, Nashville, TN. 2007-2009*
- *Fitness19, Buffalo Grove, IL, USA, Summer 2007*

## CLINICAL INTERNSHIP EXPERIENCE

Chicago Children's Memorial Hospital

*April 2011 – June 2011*

Outpatient Pediatrics

Chicago, IL

St. Mary's Medical Center

*March 2011 – April 2011*

Acute Care and Wound Care

Evansville, IN

HealthSouth Valley of the Sun

Rehabilitation Hospital

*January 2011 – February 2011*

Inpatient Rehabilitation

Glendale, AZ

Athletico

*May 2010 – July 2010*

Outpatient Orthopedics and Sports Medicine

Bannockburn, IL

Vanderbilt Orthopedic Institute

*1 day per week, January 2010 – May 2010*

Outpatient Orthopedics

Nashville, TN

Southern Hills Medical Center

*1 day per week, August 2009 – December 2009*

Wound Care, Acute Care, and Outpatient

Nashville, TN

High Hopes Physical Therapy

*1 day per week, January 2009 – February 2009*

Outpatient Pediatrics

Nashville, TN

## CONTINUING EDUCATION

---

Virtual Reality Augmented Therapy, *March 2013*  
Relearning Kinesis Treatment for Parkinson's Disease and Related Movement Disorders, *December 2012*  
Chicago Sports Medicine Fall Meeting, *November 2012*  
APTA Combined Sections Meeting Attendant, *February 2012*  
Journal Club Participant, *September 2011-Current*  
Orthopedic Clinical Problem Solving: Knowing What Tissue to Treat, *December 2010*  
Elizabeth Noble Pelvic Power, *March 2010*

## VOLUNTEER EXPERIENCE

---

Physical Therapist at Sinthemba, <i>September-December 2013</i>	Cape Town, South Africa
Special Friends Ministry Volunteer, <i>2010-2012</i>	Barrington, IL
Dierks Bentley Miles and Music for Kids, <i>October 2010, 2009, 2008</i>	Nashville, TN
Nashville Flood Relief, <i>May 2010</i>	Nashville, TN
Belmont University Child Health Fair, <i>April 2010</i>	Nashville, TN
Wheelchair Ramp Building, <i>March 2010</i>	Nashville, TN
Medical Mission Trip, <i>March 2009</i>	Guatemala
Service Learning and Study Abroad Trip, <i>May 2007</i>	Botswana and South Africa
Side Walker for Pediatric Hippotherapy Camp, <i>Summer 2007, 2006, 2005</i>	Barrington, IL
Medical Triage Volunteer for Country Music Marathon, <i>April 2006</i>	Nashville, TN

## PROFESSIONAL AFFILIATIONS

---

- Member, American Physical Therapy Association, *2008-Current*
- Member, Illinois Physical Therapy Association, *October 2011-Current*
- Tennessee Physical Therapy Association, *2008-2011*
- Attendee, Tennessee Physical Therapy Association Legislative Day on the Hill, *April 2009*
- Member, Southeast Region American College of Sports Medicine, *2007-2008*
- Attendee, Southeast Regional ACSM Conference in Birmingham, Alabama, *2008*
- Member, Tennessee Association for Health, Physical Education, Recreation, and Dance, *2006-2008*
- Attendee, TAHPERD State Conference, *2007 and 2008*
- Recipient, TAHPERD James E. Ward Student Award State Winner for Tennessee, *2008*

## CERTIFICATIONS

---

American Council on Exercise Certified Personal Trainer, *2006-Current*  
American Heart Association CPR and AED Certification, *Current*

## RESEARCH

---

Effects of Lokomat® gait training on gait parameters in pediatric patients after sixteen visits: A case study report. Ashley Campbell, Brady Church, Stacey Conner, Dr. John Halle, and Jennifer Stepaniuk. *Belmont University 2008-2010*

# State of Illinois

Department of Financial and Professional Regulation

Division of Professional Regulation

LICENSE NO.  
070.018814

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.

EXPIRES:  
09/30/2014

LICENSED  
PHYSICAL THERAPIST

JENNIFER STEPANIUK  
27681 LAVISTA DR  
MUNDELEIN, IL 60060



*Susan J. Gold*

SUSAN J. GOLD  
ACTING SECRETARY

*Jay Stewart*

JAY STEWART  
DIRECTOR

The official status of this license can be verified at [www.idfpr.com](http://www.idfpr.com)

7353108

Cut on Dotted Line



April 16, 2014

Mr. Steve Scogna  
President and CEO  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing physical therapy services to the patients of the proposed comprehensive physical rehabilitation service.

I am a practicing physical therapist with 15 years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois am currently employed by Northwest Community Hospital.

If you should have need for further information, please feel free to contact me.

Sincerely,



DeAnne Royer, MPT

Enclosure (CV and copy of license)

# DeAnne M. Royer

240 North Forest Court  
Palatine, IL 60074

Email: DRoyer@nch.org  
Work Phone: (847)618-7782

**EDUCATION: MARQUETTE UNIVERSITY, Milwaukee, WI**  
Master of Physical Therapy, 1998  
Bachelor of Science, Human Biology, 1996

**PROFESSIONAL LICENSURE:**

- State of Illinois Physical Therapist License, 1998-present

**PROFESSIONAL MEMBERSHIPS:**

- American Physical Therapy Association, Illinois Chapter 1998-1999, 2005-2009
- Orthopedics Section, 1998-1999, 2005-2007
- Acute Care Section, 2007-2009

**WORK EXPERIENCE:**

(6/98-present) **Northwest Community Hospital (NCH), Staff Physical Therapist.**

- **Pediatric Developmental Follow Up Clinic physical therapist;** assess Neonatal Intensive Care Unit (NICU) graduates from 0-3 yrs. of age on gross motor skills, postures, & reflexes; refer patients for Early Intervention or Outpatient PT services prn; work closely with a team of neonatologists & OT/SLP therapists (2010-present)
- **NICU physical therapist;** perform developmental evaluations/treatments with premature infants; collaborate with NICU staff & educate parents on a regular basis on proper positioning and motor milestones (2008-present)
- Responsible for evaluating & treating patients (pediatric to geriatric) with rotations in the following acute care areas: neurology/orthopedics/oncology; cardiac/intensive care units & medical/surgical units
- Instructor for Total Knee/Total Hip Replacement Pre-operative Class (2005-2010)
- Clinical instructor for physical therapy students (1999-2010)
- Co-facilitator of Northwest Community Hospital's Stroke Support Group (2001-2004)

(4/09-10/10) **Rosewood Care Center, Registry Physical Therapist.**

- Evaluated and treated geriatric patients in a subacute/extended care facility
- Performed strengthening/balance programs with some adults to optimize mobility & function prior to returning home

(1/06-12/08) **Northwest Community Hospital, Rehabilitation Clinical Resource (RCR).**

- Served as a clinical consultant to colleagues, collaborated with dept. directors and other RCR's, in order to promote a positive work environment, participated in education activities, & provided interim leadership as assigned
- Sole physical therapist representative on the Carelink (online documentation) Design Team; assisted with the development & implementation of the PT documentation screens; conducted PM&R competencies; instructed staff during group labs & on an individual basis

(2/05-11/05) **Medcare, Contract Physical Therapist.**

- Independently evaluated & performed treatments for the geriatric population in a home health care setting

- Responsible for extensive family/caregiver training, education on adaptive equipment, & initiated home exercise programs
  - Focused on maximizing patients' safety & mobility in the home environment
- (8/01-2/02)     **The Wellness Center, Staff Physical Therapist.**
- Six month rotation in an outpatient orthopedic setting
  - Conducted evaluations & treatments for patients (adolescent to geriatric population); Team approach to patient treatment with Physical Therapy Assistants and Athletic Trainers
- (6/91-1/98)     **Youth Challenge, Volunteer and Program Assistant**
- Volunteer (1991-1994) and Summer Program Assistant (1994-1998)
  - Independently implemented & facilitated recreational activities for children (ages 4-18 yrs.) with physical disabilities, specifically those diagnosed with cerebral palsy, spina bifida, & those with hearing/vision deficits; exposure to hippotherapy. Coordinated transportation services for children in 5 counties; designed informational brochures & educated volunteers during group training sessions.

**CONTINUING EDUCATION:**

- Practical Theory & Application of Therapeutic Taping Modalities (2/14)
- Pediatric Neurological Disorders for Therapists home study (1/14)
- Gait & Treatment Techniques in Pediatrics home study (10/13)
- Getting the PIQ-ture: Assessing and Treating Common Pediatric Patients (6/13)
- Sensory Processing Disorder: Practical Solutions That Work (10/12)
- Assessing & Treating Neurological Diseases: A Comprehensive Therapeutic Approach to the Care of Individuals with Parkinson's Disease, Huntington's Disease & Multiple Sclerosis (4/12)
- Physical Therapy for Children: Module 2 Management of of Neurological Impairments home study (11/11)
- Sensory Motor Disorders (1/11)
- Fallproof! A Comprehensive Balance & Mobility Training Program home study (7/10)
- Lower Extremity Injury & Rehabilitation "Solely in the Runner" (5/09)
- Childhood Neurology (4/09)
- Biomedical Approaches & Nutrition: Interventions to Improve Behavior, Cognition, & Development (11/07)
- Illinois Physical Therapy Association Fall Conference 2007: The Evaluation & Treatment of the Infant/Toddler with Sensory Motor Dysfunction (9/07)
- Physical & Occupational Therapy on a Shoestring Budget: Using Everyday Objects to Obtain Extraordinary Results (5/07)
- Chronic Pain (11/06)
- Therapeutic Intervention in the Neonatal Intensive Care Unit (4/06)
- Introduction to Polestar Pilates for Rehabilitation (11/05)
- Prediabetes & Diabetes (3/05)
- Strain & Counterstrain Technique for the Orthopedic, Neurologic, Pediatric, Geriatric, & Cardiovascular Patient (3/05)
- The Emerging Epidemic of Bone & Joint Disease (12/04)
- Keeping Your Center of Gravity Over Your Base of Support (6/04)
- The Basics of Sacroiliac Mobilization (10/03)
- Stroke Rehabilitation 2003: Research, Technology, & the Human Touch (4/03)
- Physical Therapy Management of the Knee; & Evaluation, Treatment & Rehab of

- the Shoulder (3/03)
- Spasticity Management: Focus on Rehabilitation (2/03)
- Introduction to NDT: Management of Adult Hemiplegia in the Acute Care Setting (9/01)
- Command Spanish for Healthcare Providers (7/01)
- Functional Rehabilitation of the Lumbosacral Spine (7/00)
- Medicare Documentation Under Traditional Medicare & PPS (3/99)
- Current Concepts in Wound Healing (12/98)

**REFERENCES:** Available Upon Request



Illinois Department of Financial & Professional Regulation

Manuel Flores, Acting Secretary

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SEARCH FOR LICENSEE BY PROFESSION:  
Physical Therapist, Licensed  
THERE ARE 1 RECORDS WHOSE NAME CONTAINS: D Royer

Licensee's Name	DBA/AKA	License Number	License Status	City, State	Original Issue Date	Current Exprtn	Ever Disciplined?
DE ANNE K ROYER		070011028	ACTIVE	Palatine, IL	11/30/1999	09/30/2014	N

[1]

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Date *April 16, 2014*

Mr. Steve Scogna  
President and CEO  
Northwest Community Hospital  
800 W. Central Avenue  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing physical therapy services to the patients of the proposed comprehensive physical rehabilitation service.

I am a practicing physical therapy with 19 years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

If you should have need for further information, please feel free to contact me.

Sincerely,



Margaret Zajac-Krupinski

Enclosure (CV and copy of license)

## **MALGORZATA ZAJAC-KRUPINSKI, P.T.A.**

571 Cleavland Drive, Bolingbrook, IL.60440

630-258-7109

malgoskak@yahoo.com

### **OBJECTIVE:**

To establish a long-term, full-time employment relationship as a Physical Therapist Assistant maximizing use of my professional skills, experience and personal attributes.

### **PROFESSIONAL EMPLOYMENT EXPERIENCE:**

- 2/97 - Present - Northwest Community Hospital, Arlington Heights, IL,  
Responsible for patient care in various patient care units including: ICU, oncology, post-surgical, medical, cardiac, mental health, orthopedic, pediatric and aquatic therapy.
- 7/09 - 2014 Clinic of Chicago Professionals, Chicago, IL  
Providing physical therapy home health care.
- 5/95 - 2/97 Excellcare, Northbrook IL,  
Assigned to various area hospitals, nursing homes, sub-acute facilities and day rehab centers to provide patient care in a variety of environments including acute care, sub-acute and long-term care facilities.
- 4/94 - 5/95 Professional Rehabilitation Associates, Buffalo Grove, IL  
Assigned at Northwest Community Hospital, Arlington Heights, IL; responsible for providing patient care in ICU, oncology, medical, cardiac, mental health, surgical, orthopedic and pediatric units
- 1/94 - 4/94 Alpha Therapy Services, Hanover Park, IL,  
Assigned at St. Elizabeth Hospital, Chicago, IL inpatient and outpatient therapy departments
- 1990 - 1992 - Day Rehabilitation Center, Krakow, Poland  
Worked with mentally impaired children and adolescent patients; assigned with ROM and strengthening exercise; performed massage therapy; provided coordination and balance therapy; assisted with ROM and therapeutic modalities.

### **EDUCATION**

College for Medical Professions, Krakow, Poland, Associate degree, Physical Therapist Assistant received 1990.

### **PERSONAL ATTRIBUTES:**

Consistently establish strong working relationships with peers, patients and families.  
Dedicated to quality care, comprehensive patient care, and supporting institutional objectives.  
Bilingual English/Polish

### **PERSONAL INTERESTS/AFFILIATIONS:**

Recreational volleyball, skiing, hiking, volunteer for Girl Scouts and Boy Scouts

**ILLINOIS STATE LICEDNSE #160.001839**

References: Furnished upon request

# State of Illinois

Department of Financial and Professional Regulation  
Division of Professional Regulation

LICENSE NO.  
160.001839

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.

EXPIRES:  
09/30/2015

LICENSED  
PHYSICAL THERAPIST ASSISTANT

MALGORZATA ZAJAC-KRUPINSKI  
571 CLEAVLAND DR  
BOLINGBROOK, IL 60440



MANUEL FLORES  
ACTING SECRETARY

JAY STEWART  
DIRECTOR

The official status of this license can be verified at [www.idfpr.com](http://www.idfpr.com)

7896556

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For further reference, the Department is now providing a personal customer identification "Contact Number" which you may use in lieu of your social security number or FEIN number when contacting the Department. Your number is: 284573

State of Illinois  
Department of Financial and Professional Regulation  
Division of Professional Regulation

LICENSE NO. 160.001839

LICENSED  
PHYSICAL THERAPIST ASSISTANT

MALGORZATA ZAJAC-KRUPINSKI

EXPIRES  
09/30/2015



MANUEL FLORES  
ACTING SECRETARY



JAY STEWART  
DIRECTOR

The official status of this license can be verified at [www.idfpr.com](http://www.idfpr.com)

7896556

Cut on Dotted Line ✂

20130709-1/00626

# Jamie Rieb

2641 W. Armitage Ave., unit 4 • Chicago, IL 60647 • Phone: 224-627-9993 • E-Mail: vegastort@hotmail.com

## *Objective*

My objective is to obtain a position within the field of occupational therapy in order to utilize my therapeutic skills to improve the quality of life of individuals and allow them to function more independently.

## *Education*

Concordia University Wisconsin, Mequon, WI  
Masters of Occupational Therapy  
Graduation December 2010

Augustana College, Sioux Falls, SD  
Bachelors of Arts degree in Biology  
Graduation May 1998

## *Clinical Experience*

### **NORTHWEST COMMUNITY HOSPITAL - Arlington Heights, IL** Occupational Therapist (May 2011 - present)

Provide therapy services to patients within an acute care hospital setting including neurological, orthopedic, oncology, cardiac, and general medical patients. Facilitate the transition of patients to the next appropriate setting by conducting skilled assessments and communicating appropriate recommendation to patients, family and hospital staff. Carry out effective treatment strategies that would initiate the functional progression of a patient to their next appropriate setting be it home or continuation of therapy services. Conducted family education and training to family members and caregivers of patients, and effectively communicated with doctors, nurses, and other hospital staff in the appropriate therapeutic care of patients.

### **WHEATON FRANCISCAN HEALTHCARE: ALL SAINTS - Racine, WI** Level II Clinical (August 2010 - November 2010)

Delivered skilled therapeutic services within an outpatient rehabilitation facility. Established competence in effectively treating neurological and orthopedic patients. Also became experienced in treating specialty diagnosis within the field of occupational therapy including individuals with lymphedema, incontinence and low vision acuity impairments.

### **NORRIDGE HEALTHCARE AND REHAB CENTER - Norridge, IL** Level II Clinical (May 2010 - August 2010)

Demonstrated my ability in becoming proficient in working with residents within a skilled nursing facility. Administered skilled therapeutic techniques in evaluation, intervention, and discharge planning for varying neurological, orthopedic, and degenerative diagnosis.

### **WHEATON FRANCISCAN HEALTH CARE: WAUWATOSA - Wauwatosa, WI** Level I Clinical (September 2009 - November 2009)

Practiced therapy techniques while working with adults in an outpatient orthopedic setting. Assisted with the intervention process of individuals with upper extremity orthopedic injuries and neurological disorders.

### **HEALTH REACH REHABILITATION SERVICES - Hales Corners, WI** Level I Clinical (February 2009 - April 2009)

Helped to facilitate outpatient orthopedic pediatric occupational therapy to children ages' birth to 16. Demonstrated and applied knowledge and skills in pediatric assessment and intervention in the treatment of children with varying diagnosis including autism, developmental delay, muscular dystrophy, and cerebral palsy and other neurological disorders.



## *Related Experience*

### **ATHLETICO - Arlington Heights, IL Rehabilitation Aid (October 2005 - July 2008)**

Assisted both physical and occupational therapists in an outpatient rehabilitation facility. Duties included greeting patients, helping them properly carry out their stretching and strengthening exercises as directed by a therapist, and completing a patient's treatment session by administering ice, electrical stimulation, and/or an ultrasound. Also carried out various administrative duties such as answering phones, scheduling patients, and facilitated communication with patients, therapists, physicians and insurance companies.

## *Professional Experience*

### **AUDUBON SOCIETY- CHICAGO REGION - Chicago, IL Restoration Intern (May 2005 - August 2005)**

Conducted land restoration within the Forest Preserve District of Cook County. Obtained my herbicide operator license and passed chainsaw training in order to perform prairie, oak savannah, and woodland restoration. Carried out brush cutting, herbiciding, seed gathering and broadcast. Worked closely with Land Stewards to learn the conservation techniques used to restore and re-establish oak savannahs and native grassland prairies.

### **MAX MCGRAW WILDLIFE FOUNDATION - Dundee, IL Research Technician (April 2002 - February 2005)**

Assisted wildlife biologist on numerous projects including research conducted on coyotes, skunks, raccoons, opossums, and bats. Primary work involved monitoring the location and status of study animals using radio telemetry receivers and GPS units. Assisted in the trapping and processing of all study animals. Trap methods included neck snares, leg holds, Tomahawk live-traps, harp traps, and mist netting. Processing involved obtaining and recording morphological measurements, and collection of biological samples. Also partook in the many aspects of organizing and analyzing data.

### **UTAH STATE UNIVERSITY - Dundee, IL Research Technician (January 2002 - April 2002)**

Assisted research project examining the urban ecology of coyotes. Assisted in capturing and processing coyotes, as well as, monitoring radio marked coyotes through ground and aerial telemetry to determine locations, movements, habitat use, mortality, and cause of death. In addition, conducted small mammal trapping surveys, collected and analyzed scat, and interpreted, tabulated, and entered data.

### **CITY OF BOULDER OPEN SPACE AND MOUNTAIN PARKS - Boulder, CO Wildlife Technician (May 2001 - Nov 2001)**

Appointed crew leader for the project due to prior seasonal experience. Duties not only included supervision of two crew members, but also carrying out The City of Boulder Grassland Management/Black-Tailed Prairie Dog Habitat Conservation Plan. Field work included: surveying colonies to estimate population size and delineate colonies; trapping prairie dogs using live trapping and flushing techniques; dye marking according to capture site; and translocation of prairie dogs into the release site. Also conducted post release monitoring to observe percent viability and to improve future translocation techniques, GPS mapping of colonies, and report writing. In addition, helped staff biologist run small mammal surveys along riparian areas focusing on the density of Preble's Meadow Jumping Mouse.

### **BOULDER COUNTY PARKS AND OPEN SPACE - Boulder, CO Wildlife Technician (April 2000 - November 2000)**

Intensively involved with devising, implementing, and carrying out the field work needed to properly expedite Boulder County's Prairie Dog Management Plan. Duties included: the relocation of prairie dogs, maintaining prairie dogs off site prior to relocation; marking prairie dogs according to age and sex for a survival ship study; and the associated preparation of removal and receiving sites.

### **COLORADO WILDLIFE FEDERATION - Arvada, CO**

Naturalist/Environmental Education Intern (Oct - Dec 1999; Sept - Nov 1998)

Implemented and organized resources to help provide nature programs for elementary students at a National Wildlife Refuge. Demonstrated effective communication skills and knowledge of ecology by leading interpretive walks through wetland and prairie ecosystems.



**Illinois Department of Financial & Professional Regulation**

Manuel Flores, Acting Secretary

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**SEARCH FOR LICENSEE BY PROFESSION:**  
**Occupational Therapist**  
**THERE ARE 1 RECORDS WHOSE NAME CONTAINS: J Rieb**

Licensee's Name	DBA/ AKA	License Number	License Status	City, State	Original Issue Date	Current Exprtn	Ever Disciplined?
JAMIE L RIEB		056009361	ACTIVE	Chicago, IL	04/20/2011	12/31/2015	N

[1]

Express Access License Look-Up has been approved for use as a primary source for verification by The Joint Commission and the National Committee for Quality Assurance.

**NEW FEATURE:** If the licensee has multiple licenses with the agency, "Multiple Licenses" will appear below the license number and information about their other licenses is available by clicking on the words "Multiple Licenses".

**PLEASE NOTE:** If the phrase "Chaperone Required" appears below the license status, the licensee can only practice with a chaperone present. You can click on the words "Chaperone Required" for more information.

If the "Ever Disciplined" column contains a "Y," there has been disciplinary action taken against the license or against an application for a license prior to its issuance. Click on the "Y" to view details of the disciplinary action. The Department regulates various professions and issues many licenses and registrations. As such it is possible that an individual could have a license in more than one profession. License Look-Up is limited to the specific profession you have inquired about. If you wish to view comprehensive reports in Adobe Acrobat format for disciplines that occurred after September 1996, click [HERE](#). The Illinois Department of Professional Regulation publishes a monthly report detailing disciplinary action taken by the Department. Each Disciplinary Report is a listing of all licenses disciplined by the Department within a given month. The information includes the licensee's name, the discipline imposed and a brief description of the reason for the discipline. All [Monthly Disciplinary Reports](#) are accurate on the date of issuance or initial date of publication. However, disciplinary actions may be subject to further court orders that may stay, affirm, reverse, remand or otherwise alter Department disciplinary orders. Please note that discipline which has been reversed by court order will not appear in this summary of discipline.

Click [here](#) for definitions of the different types of disciplinary actions the Department may impose.

Click [here](#) for license status definitions.

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April 21, 2014

Mr. Steve Scogna  
President and CEO  
Northwest Community Hospital  
800 W. Central Avenue  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a comprehensive inpatient acute rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing Speech Pathology services to the patients of this proposed comprehensive physical rehabilitation service.

I am a practicing Speech Pathologist with several years of experience in the area of physical medicine and rehabilitation. I am licensed to practice in the state of Illinois and am currently an employee of Northwest Community Hospital.

If you should have need for further information, please feel free to contact me.

Sincerely,

The image shows a handwritten signature in cursive that reads "Lainie Jay O'Donnell". To the right of the signature, the letters "MACUSP" are written in a smaller, blocky font.

Lainie O'Donnell, M.A., CCC-SLP

# Lainie Joy O'Donnell

74 Newtown Drive Buffalo Grove, IL 60089  
 Phone: 708.987.4434 Email: LainieJoyODonnell@gmail.com

<p><b>Education</b></p>	<p><b>Northwestern University, Evanston, IL</b>        Master of Arts – Speech-Language Pathology  <i>Member of:</i> NSSLHA</p> <p><b>Southern Illinois University, Carbondale, IL</b>        Bachelor of Arts in Music Theatre and Opera  <i>Honors:</i> Deans list 2000-2004        Graduated <i>Summa cum Laude</i></p> <p><i>Member of:</i> Mu Phi Epsilon Honors Music Fraternity, Golden Key International Honor Society, Gamma Pi Beta Honors Fraternity and Phi Kappa Phi Honors Fraternity</p>
<p><b>Employment</b></p>	<p><b>Northwest Community Hospital</b>  <b>December 2013 – Present</b>  <i>Speech-Language Pathologist – Acute Care</i>        Assess the needs of acute care patients in relation to swallowing, communication and cognition and treat accordingly. Completes bedside and video fluoroscopic swallowing evaluations independently for inpatients and outpatients. Communicates frequently and provides education to family, nurses, case managers and physicians involved in each patient's care to create a safe discharge disposition.</p> <p><b>Weiss Memorial Hospital</b>  <b>May 2008 – December 2013</b>  <i>Speech-Language Pathologist – Acute Inpatient Rehabilitation, Acute Care, Outpatient</i>        Functions as part of an interdisciplinary rehabilitation team to develop and execute plans of care for patients returning to the community after prolonged illness. Completes speech, language, cognitive, voice, and dysphagia evaluation and treatment for patients in an outpatient, inpatient and acute rehabilitation setting. Communicates with doctors, nurses, physical and occupational therapists, social workers and families to create a safe discharge into the community. Independently conducts outpatient and inpatient videofluoroscopic swallow studies. Supervises student clinicians, mentors clinical fellows and provides ongoing education to resident physicians.</p> <p><b>Alliance Rehab</b>  <b>January 2007 – May 2008</b>  <i>Speech-Language Pathologist – Subacute Rehabilitation, Long Term Care</i>        Provided speech/language and cognitive screening, evaluation and treatment, clinical bedside swallow evaluations and dysphagia treatment in the geriatric population. Responsible for building and managing caseload. Provided in-service to staff for education regarding dysphagia and to nursing students regarding speech-language pathology of scope of practice.</p>
<p><b>Clinical Experience</b></p>	<p><b>St. Francis Hospital, Evanston, IL</b>  <b>June 2006 – August 2006</b>  <i>Medical Internship</i>        Assessed and treated adults with dysphagia, aphasia, apraxia, traumatic brain injury, and voice disorders. Experience with trach &amp; vent, head and neck cancer and trauma-level patients. Conducted multiple video fluoroscopic studies/barium swallow studies. Observed and participated with placement/replacement of voice prostheses. Observed and interpreted videostroboscopic laryngeal exams. Internship focused primarily on acute and voice rehabilitation.</p> <p><b>Northwestern Memorial Hospital Center for Voice, Chicago, IL</b>  <b>March 2006 – June 2006</b>  <i>Graduate Clinical Practicum</i>        Assessed and treated adults in the areas of voice and resonance. Experience with benign vocal lesions, presbylaryngis and functional voice disorders. Experience with videostroboscopic laryngeal exam interpretation and behavioral and instrumental voice assessment.</p>



**Illinois Department of Financial & Professional Regulation**

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**SEARCH FOR LICENSEE BY PROFESSION:**  
**Speech Language Pathologist**  
**THERE ARE 2 RECORDS WHOSE NAME CONTAINS: L O'Donnell**

Licensee's Name	DBA/AKA	License Number	License Status	City, State	Original Issue Date	Current Exprtn	Ever Disciplined?
LAINIE JOY O'DONNELL		146009231 <a href="#">Multiple Licenses</a>	ACTIVE	BUFFALO GROVE, IL	11/15/2007	10/31/2015	N
LISA MARIE O'DONNELL		146007913	ACTIVE	CRESTWOOD, IL	08/31/2004	10/31/2015	N

[1]

**Express Access License Look-Up has been approved for use as a primary source for verification by The Joint Commission and the National Committee for Quality Assurance.**

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800 West Central Road  
Arlington Heights, Illinois 60005

847.618.1000  
www.nch.org



May 7<sup>th</sup>, 2014

Mr. Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital  
800 W. Central Rd.  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in social work services to the patients of the proposed comprehensive physical rehabilitation service.

I am a practicing social worker with ten years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

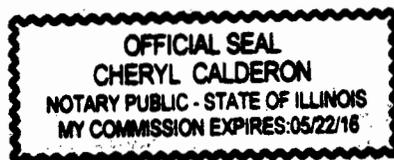
If you should have need for further information, please feel free to contact me.

Sincerely,

*Angela Lubowicki, LCSW*

Angela Lubowicki, LCSW

Enclosure



*Cheryl Calderon 5/7/16*

**Angela Lubowicki, LCSW**  
**1206 S. New Wilke Rd. #407**  
**Arlington Heights, IL 60005**  
**773-418-8046**

---

**Objective: To Provide Comprehensive Social Work Services On An Acute Physical Rehabilitation Unit**

**Northwest Community Hospital: 2008-present:** Provided social work services on various acute medical floors with emphasis on neurology unit. Duties include conducting psychosocial assessments, coordinating safe immediate discharge plan with a multidisciplinary team, educating patients and families about pertinent resources (programs and services) and how to access them at community, state and federal levels.

**Our Lady of the Resurrection: 2005-2008:** Social worker/case manager role for the hospital's extended care unit, a skilled nursing and physical rehab unit. Duties included conducting psychosocial assessments, organizing multidisciplinary care plan meetings, completion of MDS assessments for Medicare reimbursement, coordinating a timely, safe discharge plan, and clinical supervision of master's level social work students.

**Methodist Hospital of Chicago: 2002-2005:** Social worker for adult mental health unit, skilled care unit, and acute care floors.

**Education:**

**Masters of Social Work- Loyola University Chicago 2002**

**B.A. Psychology- University of Illinois at Chicago 1999**

Licensed Clinical Social Worker in Illinois since 2005

Nominated for GEM Award at Northwest Community in 2013

Awarded Employee of the Month at Our Lady of Resurrection in 2007



**Illinois Department of Financial & Professional Regulation**

Manuel Flores, Acting Secretary



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**5/7/2014 Information found on:  
 ANGELA J LUBOWICKI, CHICAGO, IL**

Spanish

Profession	License No	License Status	Original Issue Date	Current Exprtn	Ever Disciplined
Social Worker Clinical, Licensed	149011470	ACTIVE	07/05/2005	11/30/2015	N
Social Worker, Licensed	150008940	INACTIVE	07/08/2002	11/30/2005	N

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May 7, 2014

Mr. Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing nursing services to the patients of the proposed comprehensive physical rehabilitation service.

I am a practicing nurse with over 15 years of collective experience including the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

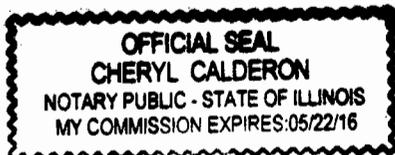
If you should have need for further information, please feel free to contact me.

Sincerely,



Dina M. Lipowich

Enclosure (CV and copy of license)



*Cheryl Calderon 5/7/14*

**Dina M. Lipowich, MSN, RN, NEA-BC**

*413 South Phelps Ave.  
Arlington Heights, IL 60004  
(773)505-7047  
E-mail: [dina74@sbcglobal.net](mailto:dina74@sbcglobal.net)*

---

**WORK EXPERIENCE**

**Director of Medical Nursing and Geriatric Programs**  
Arlington Heights, IL

*Northwest Community Healthcare*

**2009 - Present**

**Operational responsibility:**

- Medical renal, gastrointestinal and pulmonary inpatient nursing services
- Inpatient Geriatric Programs and Community Senior Services
- Acute dialysis and aphaeresis services

**Key Contributions / Projects:**

- Designed and implemented the *LINCT (Liaison In Nursing Care Transitions) Program*, a nurse-driven organizational partnership with skilled nursing facilities to ensure continuity of quality outcomes including 30-day readmission prevention for patients across the extended care continuum.
- Designed and implemented the *Footprints Walking Program*, a program connecting volunteers with hospitalized inpatients for walking sessions to improve outcomes including patient satisfaction and expedited recovery. Program was highlighted by Associated Press in national news article entitled, *Up and Moving! Hospitals aim to keep elderly patients strong by getting them out of bed.*
- Developed and implemented an outpatient acute dialysis program for Non-ESRD patients requiring temporary dialysis post-hospitalization.
- Chair of Nursing Excellence Council responsible for house-wide engagement and recognition of nurses for continued excellence in professional growth and practice.
- Chair of Falls and Injury Prevention Committee; restructured nursing fall risk assessment and designed a "best-practice" intervention program, resulting in dramatic reduction of total falls and falls with injury house-wide. Average house-wide falls rate reduced from 3.3 to 2.1 over the course of two years.
- Chair of Pneumonia Committee responsible for pneumonia population core measures outcomes including length of stay reduction, readmission prevention and patient satisfaction.
- Poster presentation at 15<sup>th</sup> Annual NICHE Conference, *Footprints Walking Program.*
- Poster presentation at 14<sup>th</sup> Annual NICHE Conference, *Helping a Patient Home: Can an early mobilization program affect patients' discharge disposition.*

**Director of Patient Care Support Services**

*Northwest Community Hospital, Arlington Heights, IL*

**2008 - 2009**

**Operational Responsibility:**

- Centralized nurse scheduling, float pool, and admission nursing services
- Patient flow throughput and capacity management
- Bed placement services

**Key Contributions / Projects:**

- Developed and implemented a self-scheduling model for Nursing Float Pool Department, resulting in increased organization and staff satisfaction with scheduling of work time.
- Designed *Seasonal On-Call Bonus Program*, promoting staff flexibility and satisfaction in covering extra shifts during hospital peak census season.
- Developed *Peak Census Response Program*, including a multi-level plan for high patient census management and bypass.

**Operational Responsibility:**

- General Medicine, Oncology, Administrative Supervisors, Float Pool and Transitional Care nursing departments

**Key Contributions / Projects:**

- Expanded capacity of Oncology inpatient services by 60%; 8-bed unit transformed into 20-bed unit with average daily census of 16 patients over the course of a two year period.
- Chair of Clinical Documentation Quality Committee.
- NDNQI Site Coordinator; updated national database with nursing quality indicators and extracted reports for house-wide process improvement opportunities.
- Chair of Patient and Family Education Committee responsible for development, dissemination, and management of all educational materials within the organization in multiple languages.
- Editor of monthly house-wide nursing newsletter, *Nightingale Newsletter*.
- Six Sigma change agent, responsible for a leading clinical teams through rapid change processes, ensuring compliance with regulatory standards and strategic outcome targets.

**Clinical Director of Extended Care**

**Operational Responsibility:**

- 46-bed hospital-based extended care facility unit
- IDPH compliance for long term care facilities

**Advanced Practice Nurse, Nursing Home Liaison Program** *Rush North Shore Medical Center, Skokie IL*

**Operational Responsibility:**

- Post-hospitalization clinical management of patients transitioning to skilled nursing care facilities in collaboration with physician group practice
- Educational programming for seniors in the North Shore community and nursing home/hospital staff

**Staff Nurse**

**Operational Responsibility:**

- Administer nursing care to patients on a medical/surgical unit in accordance with professional nursing standards.
- Precept and orient nurse residents to the medical/surgical unit.

---

**EDUCATION**

- **Rush University, College of Nursing**, Chicago, Illinois  
*Master of Science in Nursing, Gerontological Nurse Practitioner, 2000*
- **Rush University, College of Nursing**, Chicago, Illinois  
*Bachelor of Science in Nursing, 1997*  
State of Illinois Registered Professional Nurse License # 041-305329
- **Lawrence University**, Appleton, Wisconsin  
*Bachelor of Liberal Arts, 1995*

---

**PROFESSIONAL ORGANIZATIONS**

- Illinois Organization of Nurse Leaders
- American Organization of Nurse Executives
- Geriatric Advanced Practice Nurses Association
- Six Sigma trained Change Agent



**Illinois Department of Financial & Professional Regulation**

Manuel Flores, Acting Secretary



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**5/7/2014 Information found on:  
 DINA MARINBERG LIPOWICH, ARLINGTON HEIGHTS, IL**

Spanish

Profession	License No	License Status	Original Issue Date	Current Exprtn	Ever Disciplined
Advance Practice Nurse	209003414	INACTIVE	08/01/2001	05/31/2004	N
Nurse Registered, Professional	041305329	ACTIVE	08/26/1997	05/31/2016	N

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May 7, 2014

Mr. Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing nursing services to the patients of the proposed comprehensive physical rehabilitation service.

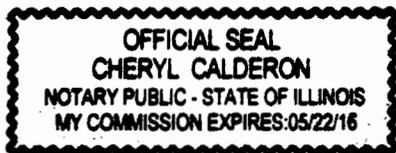
I am a practicing nurse with 3 years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

If you should have need for further information, please feel free to contact me.

Sincerely,

  
Michelle Cavanaugh

Enclosure (CV and copy of license)



*Cheryl Calderon 5/7/16*

**Michele Cavanaugh**  
**909 S. Waverly**  
**Mount Prospect, IL 60056**  
**847-593-4208**

---

**Objective**

Provide nursing care to patients on a comprehensive acute rehabilitation unit.

**Employment History**

**Northwest Community Hospital, Arlington Heights, IL**  
**Acute Care Staff Nurse, Medical Pulmonary Unit, 2010 to Present**

Provide nursing care to inpatients on acute Oncology inpatient unit. Daily duties include nursing assessment, care planning, medication/treatment administration, IV and blood therapy, EMR documentation, and patient/family education.

**Education**

Associates Degree in Nursing, 2010  
Harper College  
Palatine, IL

**Skills and Leadership**

Proficient in EMR documentation  
AgeWise Nurse specializing in Gero-Palliative Care

**References**

Available upon request.

Print this Listing

5/7/2014

## Illinois Division of Professional Regulation

2:15:39  
PM

### SEARCH FOR LICENSEE BY PROFESSION: Nurse Registered, Professional THERE ARE 11 RECORDS WHOSE NAME CONTAINS: cavanaugh

Licensee's Name	DBA/AKA	License Number	License Status	City, State	Original Date	Current Exprtn	Ever Disciplined?
MARIE LOOSER CAVANAUGH		041415972	ACTIVE	Aston, PA	10/21/2013	05/31/2016	N
MARY E CAVANAUGH		041330117	NOT RENEWED	GREEN BAY, WI	05/24/2002	05/31/2004	N
MARY JO CAVANAUGH		041143306	ACTIVE	EVERGREEN PARK, IL	04/11/1972	05/31/2014	N
MARY ELIZABETH CAVANAUGH		041226690	NOT RENEWED	ARNOLD, MO	10/19/1984	05/31/2000	N
MARY G CAVANAUGH		041023732	INACTIVE	LITCHFIELD, IL	04/01/1932		N
MARY H CAVANAUGH			DECEASED	PANA, IL			N
MAUREEN A CAVANAUGH		041226188	INACTIVE	CHICAGO, IL	10/12/1984	05/31/1996	N
MEGAN E CAVANAUGH		041377529	ACTIVE	Bettendorf, IA	07/20/2009	05/31/2016	N
MICHELE M CAVANAUGH		041390751	ACTIVE	Mount Prospect, IL	02/23/2011	05/31/2016	N
MONICA M CAVANAUGH		041021438	INACTIVE	CHICAGO, IL	02/25/1931	05/31/1984	N
MARY P CAVANAUGH- FARR		041274546	NOT RENEWED	ANTIOCH, IL	05/24/1993	05/31/2002	N

May 7, 2014

Mr. Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing nursing services to the patients of the proposed comprehensive physical rehabilitation service.

I am a practicing nurse with 4 years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

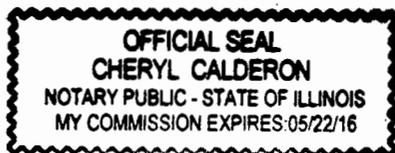
If you should have need for further information, please feel free to contact me.

Sincerely,



Velina Maximova, RN, BSN

Enclosure (CV and copy of license)



*Cheryl Calderon* 5/7/2016

**Velina Maximova**  
**1802 N. Wilshire Ave.**  
**Arlington Heights, IL 60004**  
**(773) 727-2623**

---

**Objective**

Provide nursing care to patients on a comprehensive acute rehabilitation unit.

**Employment History**

**Northwest Community Hospital, Arlington Heights, IL**  
**Acute Care Staff Nurse, Medical Pulmonary Unit, 1998 to Present**

Provide nursing care to inpatients on acute medical pulmonary inpatient unit. Daily duties include nursing assessment, care planning, medication/treatment administration, IV and blood therapy, EMR documentation, and patient/family education.

**Education**

Bachelors of Science in Nursing, 2010  
Loyola University  
Chicago, IL

**Skills and Leadership**

Proficient in EMR documentation  
AgeWise Nurse specializing in Gero-Palliative Care

**References**

Available upon request.



**Illinois Department of Financial & Professional Regulation**

Manuel Flores, Acting Secretary



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**5/7/2014 Information found on:  
 VELINA I MAXIMOVA, ARLINGTON HEIGHTS, IL**

Spanish

Profession	License No	License Status	Original Issue Date	Current Exprtn	Ever Disciplined
Nurse Registered, Professional	041387069	ACTIVE	08/09/2010	05/31/2016	N
Pharmacy Technician	049183221	NOT RENEWED	03/31/2008	03/31/2010	N

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May 7, 2014

Mr. Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing nursing services to the patients of the proposed comprehensive physical rehabilitation service.

I am a practicing nurse with over 15 years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

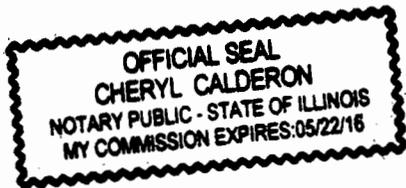
If you should have need for further information, please feel free to contact me.

Sincerely,



Sofia German, RN

Enclosure (CV and copy of license)



*Cheryl Calderon 5/7/2016*

**Sofia German**  
**415 Bernard Drive**  
**Buffalo Grove, IL 60080**  
**(847) 541-5423**

---

**Objective**

Provide nursing care to patients on a comprehensive acute rehabilitation unit.

**Employment History**

**Northwest Community Hospital, Arlington Heights, IL**  
**Acute Care Staff Nurse, Medical Pulmonary Unit, 1998 to Present**

Provide nursing care to inpatients on acute medical pulmonary inpatient unit. Daily duties include nursing assessment, care planning, medication/treatment administration, IV and blood therapy, EMR documentation, and patient/family education.

**Manor Care of Arlington Heights, Arlington Heights, IL**  
**Staff Nurse, 1<sup>st</sup> Floor, 1996 - 1998**

Provided nursing care to inpatients on skilled nursing unit. Duties included nursing assessment, care planning, medication administration, wound care, and IV therapy.

**Education**

Associates Degree in Nursing, 1996  
Harper College of Nursing  
Palatine, IL

**Skills and Leadership**

Proficient in EMR documentation

**References**

Available upon request.

Print this Listing

5/6/2014

**Illinois Division of Professional  
Regulation**

3:28:39  
PM

**SEARCH FOR LICENSEE BY PROFESSION:  
Nurse Registered, Professional  
THERE ARE 3 RECORDS WHOSE NAME CONTAINS: German**

Licensee's Name	DBA/AKA	License Number	License Status	City, State	Original Date	Current Exprtn	Ever Disciplined?
SOFIA GERMAN		041300350	ACTIVE	BUFFALO GROVE, IL	10/02/1996	05/31/2016	N
SHELLY L GERMANN		041271885	ACTIVE	WHITTINGTON, IL	10/28/1992	05/31/2014	N
SANDRA D GERMANY		041205535	INACTIVE	PEMBROKE PINES, FL	10/08/1981	05/31/2004	N

**Page 1**

Mr. Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

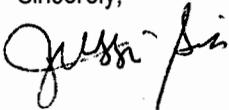
Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing nursing services to the patients of the proposed comprehensive physical rehabilitation service.

I am a practicing nurse with ~~7~~ years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

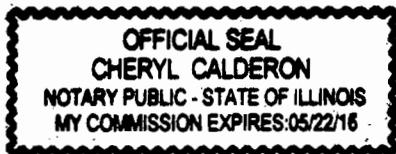
If you should have need for further information, please feel free to contact me.

Sincerely,



Name JESSICA SIA

Enclosure (CV and copy of license)



*Cheryl Calderon 5/6/2016*

**Jessica Sia, RN**  
**1616 Trails End Lane**  
**Bolingbrook, IL 60490**  
**(331) 208 - 1940**

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**Objective**

Provide nursing care to patients on a comprehensive acute rehabilitation unit.

**Employment History**

**Northwest Community Healthcare, Arlington Heights, IL**

**Acute Care Staff Nurse, Medical Renal Unit, Medical Oncology Unit, 2001 to Present**

Provide nursing care to inpatients on acute medical renal and medical oncology inpatient unit. Daily duties include nursing assessment, care planning, medication/treatment administration, IV and blood therapy, EMR documentation, and patient/family education.

**Resurrection Rehab Center, Park Ridge, IL**

**Nurse Clinician, 1993-2001**

Provided nursing care to inpatients on inpatient rehabilitation nursing unit. Duties included nursing assessment, care planning, medication administration, wound care, and IV therapy.

**Licenses and Certification**

R.N. License #041277117

CPR, ALS Certified

**Education**

Lewis University, BSN, 1999

Oakton Community College, ASN, 1993

**Skills and Leadership**

Proficient in EMR documentation (McKesson)

Member of NCH Patient Safety Team

**References**

Available upon request.

Print this Listing

5/6/2014

## Illinois Division of Professional Regulation

4:33:46  
PM

### SEARCH FOR LICENSEE BY PROFESSION: Nurse Registered, Professional THERE ARE 7 RECORDS WHOSE NAME CONTAINS: sia

Licensee's Name	DBA/AKA	License Number	License Status	City, State	Original Date	Current Exprtn	Ever Disciplined?
JENNIFER T SIA		041271980	ACTIVE	SCHAUMBURG, IL	10/28/1992	05/31/2014	N
JESSICA T SIA		041277117	ACTIVE	BOLINGBROOK, IL	10/13/1993	05/31/2016	N
JOYCE T SIA		041305292	NOT RENEWED	MT PROSPECT, IL	08/25/1997	05/31/2002	N
JEAN MARIE SIAMIS		041183764	ACTIVE	WESTERN SPRINGS, IL	10/16/1978	05/31/2016	N
JOANNE SIAR		041205897	ACTIVE	WHEATON, IL	10/08/1981	05/31/2016	N
JULI SIAVELIS		041255385	ACTIVE	CRYSTAL LAKE, IL	10/07/1989	05/31/2016	N
JANEICE A SIAWRYS		041111697	NOT RENEWED	KANKAKEE, IL	11/25/1964	05/31/2008	N

Page 1

May 6 , 2014

Mr. Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing nursing services to the patients of the proposed comprehensive physical rehabilitation service.

I am a practicing nurse with 5 years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

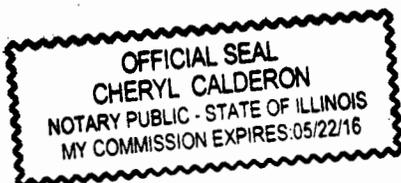
If you should have need for further information, please feel free to contact me.

Sincerely,



Dana M. Sellers

Enclosure (CV and copy of license)



*Cheryl Calderon 5/6/2016.*

**Dana M. Sellers**  
**365 Wentworth Lane**  
**Bartlett, IL 60103**  
**(847) 528-7601**

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**Objective**

Provide nursing care to patients on a comprehensive acute rehabilitation unit.

**Employment History**

**Northwest Community Hospital, Arlington Heights, IL**  
**Acute Care Staff Nurse, Medical-Neurology Unit, 2011 to Present**

Provide nursing care to inpatients on acute medical pulmonary inpatient unit. Daily duties include nursing assessment, care planning, medication/treatment administration, IV and blood therapy, EMR documentation, and patient/family education.

**Resurrection Nursing and Rehabilitation Center , Park Ridge, IL**  
**Registered Nurse, 3<sup>rd</sup> Floor, 2009-2012**

Provided nursing care to inpatients on skilled nursing unit. Duties included nursing assessment, care planning, medication administration, wound care, and IV therapy.

**Licenses and Certification**

R.N. License #041374260  
CPR Certified

**Education**

Bachelor of Science, Nursing, 2008  
Illinois State University, Normal, IL 61761

Bachelor of Science, Biological Sciences, 2007  
Illinois State University, Normal, IL 61761

**Skills and Leadership**

Proficient in EMR documentation  
Member of unit-based fall prevention team

**References**

Available upon request.



**Illinois Department of Financial & Professional Regulation**

Manuel Flores, Acting Secretary



Para Español selecciona Spanish  
 为中国选择 Chinese  
 Dla Polsk wybierz Polish

**5/7/2014 Information found on:  
 DANA M SELLERS, BARTLETT, IL**

Spanish

Profession	License No	License Status	Original Issue Date	Current Exprtn	Ever Disciplined
Nurse Registered, Professional	041374260	ACTIVE	02/23/2009	05/31/2016	N
Pharmacy Technician	049168974	INACTIVE	05/30/2006	03/31/2008	N

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- Latest News
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May 6, 2014

Mr. Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing nursing services to the patients of the proposed comprehensive physical rehabilitation service.

I am a practicing nurse with 12 years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

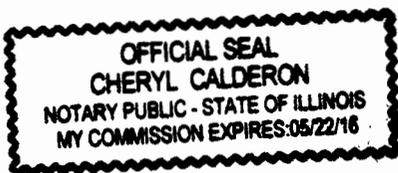
If you should have need for further information, please feel free to contact me.

Sincerely,



Sunita Stone – Lyon RN

Enclosure (Resume, license look-up online)



*Cheryl Calderon 5/6/2016.*

# Sunita Stone-Lyon

**Contact Info** 70 Pauline Ave. Crystal Lake IL 60014, [sunitastone@yahoo.com](mailto:sunitastone@yahoo.com) 815 814 1118

**Objective** A full-time position which allows me to practice the Art of Nursing in a manner reflecting excellence and compassion.

## Employment

2003 - Current Northwest Community Hospital

### **RN**

- June 2011 – Current Floor Nurse Stroke Unit
- April 2008 - June 2011, Float Pool Nurse, Rapid Admit Unit
- February 2003 - April 2008, Floor Nurse Med Tele, Charge RN,

October 2013 – Current Fair Oaks HCC Crystal Lake IL

### **RN**

August 2001 – January 2003 Provena St. Joseph Hospital Elgin IL

**RN** Floor Nurse Tele/Peds/Onc

January 2000 – August 2001 Crystal Pines HCC Crystal Lake IL

**CNA, LPN, RN**

**Current CEU's** Northwestern Memorial Hospital Chicago IL

9<sup>th</sup> Annual Neuroscience Nursing Symposium (10 CEU) August 2013

ACLS and CPR certified.

**Education** October 2012 – 2017 Grand Canyon University Phoenix AZ

**Bridge to BSN/ Master in Public Health (working on)**

- Professional Dynamics, Health Assessment, Statistics, Nursing Research, classes completed.
- Current GPA 3.68

December 2000 Elgin Community College Elgin IL

**Associates Degree in Nursing**

December 1992 University of Texas at Austin TX

**Bachelor Degree in Liberal Arts, Geography**



**Illinois Department of Financial & Professional Regulation**

Manuel Flores, Acting Secretary



Para Español seleccionar Spanish  
 为中文选择 Chinese  
 Dla Polski wybierz Polish

**5/7/2014 Information found on:  
 SUNITA STONE LYON, CRYSTAL LAKE, IL**

Spanish

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- License Look Up
- Physician Profile
- License Renewals
- Latest News
- Discipline Information
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- Banking
- Non-banking Financial Institutions
- Professional Regulation
- About IDFPR**
- Contact Information
- General FAQs
- Boards & Committees

**Search IDFPR.com**



Profession	License No	License Status	Original Issue Date	Current Exprtn	Ever Disciplined
Nurse Practical, Licensed	043084778	NOT RENEWED	03/22/2000	01/31/2003	N
Nurse Registered, Professional	041324359	ACTIVE	05/03/2001	05/31/2016	N

May 7, 2014

Mr. Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing nursing services to the patients of the proposed comprehensive physical rehabilitation service.

I am a practicing nurse with over 4 years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

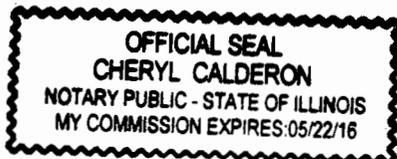
If you should have need for further information, please feel free to contact me.

Sincerely,

*K. Jakacki RN*

Kristen Jakacki, RN

Enclosure (CV and copy of license)



*Cheryl Calderon 5/6/2016.*

**Kristen Jakacki**  
**226 N. Lee Street**  
**Mount Prospect, IL 60056**  
**(847) 414-3812**

---

**Objective**

Provide nursing care to patients on a comprehensive acute rehabilitation unit.

**Employment History**

**Northwest Community Hospital, Arlington Heights, IL**  
**Acute Care Staff Nurse, Medical Pulmonary Unit, 2010 to Present**

Provide nursing care to inpatients on acute medical pulmonary inpatient unit. Daily duties include nursing assessment, care planning, medication/treatment administration, IV and blood therapy, EMR documentation, and patient/family education.

**Education and Certifications**

Associates Degree in Nursing, May 2010  
Harper College of Nursing  
ANCC Board Certified in Medical-Surgical Nursing

**Skills and Leadership**

Proficient in EMR documentation  
Co-Chair of hospital-wide Shared Leadership Council

**References**

Available upon request.

Print this Listing

5/7/2014

**Illinois Division of Professional Regulation**

2:03:01 PM

**SEARCH FOR LICENSEE BY PROFESSION:  
Nurse Registered, Professional  
THERE ARE 1 RECORDS WHOSE NAME CONTAINS: jakacki**

Licensee's Name	DBA/AKA	License Number	License Status	City, State	Original Date	Current Exprtn	Ever Disciplined?
KRISTEN L JAKACKI		041386351	ACTIVE	MOUNT PROSPECT, IL	07/27/2010	05/31/2016	N

Page 1

May 7, 2014

Mr. Stephen Scogna  
President and Chief Executive Officer  
Northwest Community Hospital  
800 W. Central Road  
Arlington Heights, IL 60005

Mr. Scogna:

It is my understanding that Northwest Community Hospital is seeking to establish a Comprehensive Physical Rehabilitation service through the submission of a Certificate of Need application to the State of Illinois. I am writing to you to express my interest in providing nursing services to the patients of the proposed comprehensive physical rehabilitation service.

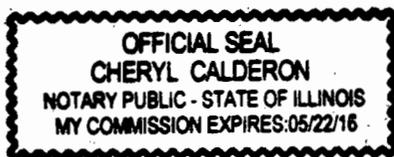
I am a practicing nurse with over 15 years of experience in the area of physical medicine and rehabilitation. The attached Curriculum Vitae will provide you with additional information as to my background and experience. I am licensed to practice in the state of Illinois and am currently employed by Northwest Community Hospital.

If you should have need for further information, please feel free to contact me.

Sincerely,

*Marchill De Beauvoir, RN*  
Marchill De Beauvoir, RN

Enclosure (CV and copy of license)



*Cheryl Calderon 5/6/16.*

**Marichill De Bouvoir**  
**1434 W. Orchard Place**  
**Arlington Heights, IL 60005**  
**(847) 590-9484**

---

**Objective**

Provide nursing care to patients on a comprehensive acute rehabilitation unit.

**Employment History**

**Northwest Community Hospital, Arlington Heights, IL**  
**Acute Care Staff Nurse, Medical Pulmonary Unit, 2011 to Present**

Provide nursing care to inpatients on acute medical pulmonary inpatient unit. Daily duties include nursing assessment, care planning, medication/treatment administration, IV and blood therapy, EMR documentation, and patient/family education.

**Manor Care of Arlington Heights, Arlington Heights, IL**  
**Nurse Clinician, 2009-2011**

Provided nursing care to inpatients on skilled nursing unit on a part-time basis. Duties included nursing assessment, care planning, medication administration, wound care, and IV therapy.

**Church Creek Skilled Nursing Facility, Arlington Heights, IL**  
**Staff Nurse, 2004 – 2011**

Provided nursing care to inpatients on skilled nursing unit on a part-time basis. Duties included nursing assessment, care planning, medication administration, wound care, and IV therapy.

**Education**

B.S., Nursing, 2003  
Cebu City, Medical Center, College of Nursing  
Philippines

**Skills and Leadership**

Proficient in EMR documentation  
Member of hospital-wide Wound Prevention Team

**References**

Available upon request.

Print this Listing

5/7/2014

**Illinois Division of Professional Regulation**

1:47:33 PM

**SEARCH FOR LICENSEE BY PROFESSION:  
Nurse Registered, Professional  
THERE ARE 1 RECORDS WHOSE NAME CONTAINS: de beauvoir**

Licensee's Name	DBA/AKA	License Number	License Status	City, State	Original Date	Current Exprtn	Ever Disciplined?
MARICHILL T DE BEAUVOIR		041361287	ACTIVE	Arlington Hts, IL	07/20/2007	05/31/2016	N

Page 1

May 16, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities  
and Services Review Board  
525 W. Jefferson Street 2<sup>nd</sup> floor  
Springfield, IL 62761

Dear Ms Olson

On behalf of the Lutheran Home, I am writing in support of Northwest Community Hospital's proposed project to establish a 17 bed Comprehensive Inpatient Physical Rehabilitation unit at the hospital.

The Lutheran Home and Northwest Community Hospital have had a long and collaborative relationship in serving residents of northern Cook County and southern Lake County. There is need for additional acute care physical rehabilitation resources in the area, especially for older adults in Arlington Heights and the surrounding communities who are reluctant or unable to travel out of the area for this care.

Acute hospital rehabilitation care is an important part of the continuum of physical rehabilitation care that includes hospital, skilled nursing, and home-based services. The Lutheran Home looks forward to continuing our collaborative arrangement with Northwest Community Hospital as part of this continuum of service for patients, by providing nursing home based rehabilitation care for patients who do not require hospital-based services.

I encourage the Health Facilities and Services Review Board to approve Northwest Community Hospital's permit application to establish a Comprehensive Physical Rehabilitation service. If you have any questions, please call me at 847-368-7500.

Sincerely,



Vicky Dobbs, RN-BC, MSN  
Director, Healthcare Services

**APPENDIX-4**

*Empowering vibrant, grace-filled living  
across all generations*

May 15, 2014

Ms. Kathryn J. Olson  
Chairperson  
Illinois Health Facilities and Services Review Board  
525 W. Jefferson Street, 2<sup>nd</sup> floor  
Springfield, IL 62761

Dear Ms. Olson:

I am pleased to hear that Northwest Community Hospital is proposing to establish a 17 bed Comprehensive Physical Rehabilitation inpatient service. I will encourage members of our medical staff to refer patients requiring inpatient rehabilitation care to Northwest Community Hospital when their rehabilitation program is operational.

This referral relationship is facilitated by our new collaborative arrangement with Northwest Community Hospital, through our alliance with Illinois Health Partners.

I encourage the Health Facilities and Services Review Board to approve Northwest Community Hospital's proposal to establish a Comprehensive Physical Rehabilitation service.

Sincerely,



Pamela Meyer Davis  
System President and Chief Executive Officer  
Edward-Elmhurst Healthcare System  
President and CEO Edward Hospital

APPENDIX-4

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