



Illinois Department of PUBLIC HEALTH

HF105268

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

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

Acting Director

EXPIRATION DATE	CATEGORY	I.D. NUMBER
3/16/2015		7003166
Ambulatory Surgery Treatment Center		
Effective: 03/17/2014		

**Apollo Health Center Ltd
2750 South River Road
Des Plaines, IL 60018**

The face of this license has a colored background. Printed by Authority of the State of Illinois • P.O. #4012320 10M 3/12

→ DISPLAY THIS PART IN A
CONSPICUOUS PLACE

Exp. Date 3/16/2015

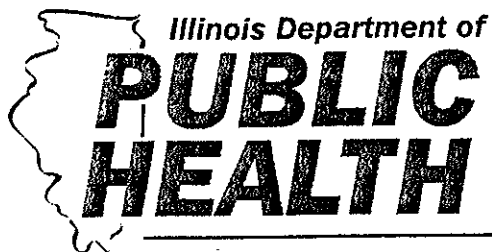
Lic Number 7003166

Date Printed 3/17/2014

Validation Num 15491

Apollo Health Center Ltd

FEE RECEIPT NO.



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

March 18, 2014

Vera Schmidt, Administrator
Apollo Health Center, Ltd.
2750 South River Road
Des Plaines, IL 60018

Dear Administrator Schmidt,

Enclosed is your Illinois Full Ambulatory Surgical Treatment Center (ASTC) License ID No. 7003166. This license is effective 03/17/14 through 03/16/15. You will receive notification of renewal prior to expiration of the current license. Please remember that you must report any changes in administration, Staffing, address etc. to this Department.

If the staff of the Division of Health Care Facilities and Programs can be of any assistance to you in the operation of your (ASTC), please address your concerns to the Central Office Operations Section, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761-0001, or feel free to call us at (217) 782-7412. The Departments TTY number is 800/547-0466, for use by the hearing impaired.

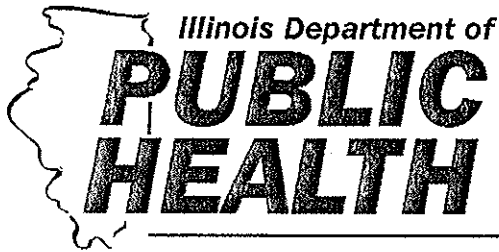
Sincerely,

A handwritten signature in black ink that reads "Karen Senger" with a stylized flourish at the end.

Karen Senger, RN
Supervisor, Central Office Operations Section
Division of Health Care Facilities and Programs
Illinois Department of Public Health

KS/kef

Enclosure



Pat Quinn, Governor
LaMar Hasbrouck, MD, MPH, Director

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

February 27, 2014

Vera Schmidt
Apollo Health Center
2750 S River Rd
Des Plaines, IL 60018

Dear Ms. Schmidt:

The Illinois Department of Public Health appreciates the courtesies extended to the Department's surveyors. The *Statement of Deficiencies and Plan of Correction* (POC) must be completed and returned within ten (10) calendar days after receipt to:

*Karen Senger, R.N., Supervisor
Division of Health Care Facilities and Programs
Illinois Department of Public Health
525 West Jefferson Street, 4th Floor
Springfield, IL 62761-0001*

An acceptable POC must contain the following elements:

- The procedure for implementing the plan of correction for each deficiency cited, typed in the right-hand column of the original *Statement of Deficiencies*
- The title of the individual responsible for implementing and monitoring the plan of correction
- Evidence the facility has incorporated systemic improvement efforts into its quality assessment and performance improvement program in order to prevent the recurrence of the deficient practice
- **Supporting documentation as evidence of correction**
- Procedures for monitoring and tracking to ensure the plan of correction is effective
- A completion date for correction of each deficiency cited, along with interim dates for any phases or intermediate steps
- Date and signature of the authorized representative, on the bottom of page one of the original *Statement of Deficiencies and Plan of Correction*

If you have any questions, please contact the supervisor at the address listed above, or by phone at 217/782-0381. The Department's TTY # is 800/547-0466, for use by the hearing impaired.

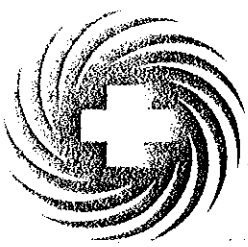
Sincerely,

A handwritten signature in black ink that reads "Karen Senger RN".

Karen Senger, RN, BSN
Supervisor of Central Office Operations Section
Division of Health Care Facilities and Programs

Improving public health, one community at a time

printed on recycled paper



APOLLO Surgical Center

Future Facility Address:
2750 South River Road
Des Plaines, IL 60018

Administration Office:
1640 N. Arlington Heights Rd.
Suite 110
Arlington Heights, IL 60004

Phone: 847.255.7400 Fax: 847.398.4585

E-mail: Apollo@officegci.com Website: www.ApolloSurgicalCenter.com

March 13, 2014

Sent Via UPS Overnight

Karen Senger, RN, BSN
Supervisor of Central Office Operations Section
Division of Health Care Facilities and Programs
Illinois Department of Public Health
525 West Jefferson Street
4th Floor
Springfield, IL 62761-0001

Dear Ms. Senger,

On March 6, 2014 we received the Statement of Deficiencies from our IDPH Survey.

Enclosed please find our Plan of Correction. All items have been completed.

Sincerely,

Vera Schmidt
Administrator
Apollo Health Center, Ltd.

RECEIVED OHCR HCF & P
2014 MAR 14 11:33

3/17/14 OK
K. Senger

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ASTC

NAME AND ADDRESS OF FACILITY: Apollo Health Center, Ltd., 2750 So. River Rd., Des Plaines, IL 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.230(a)(1)	<p>Standards of Professional Work</p> <p>The membership of the consulting committee shall reflect the types of procedures performed. If the facility performs more than 50 procedures per month or more than 10% of the total procedures performed are in a specific specialty area then there shall be consulting physician of that specialty on the consulting committee.</p> <p>Based on document review and interview, it was determined for 1 of 3 surgical specialties (gastrointestinal) (GI) expected to perform approximately 33% of the surgical procedures, the facility failed to ensure a GI physician was on the consulting committee.</p> <p>Findings include:</p>		

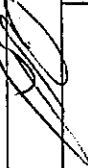
DATE OF SURVEY 2/1/14 BY 19843 (Surveyor)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY _____ (Provider's Representative)

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ASTC

NAME AND ADDRESS OF FACILITY: Apollo Health Center, Ltd., 2750 So. River Rd., Des Plaines, IL 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.230(a)(1) continued	<p>1. The facility's Bylaws, undated, were reviewed on 2/11/14 at 1:00 PM. The Bylaws required, "7.1. The Consulting Committee is the organization components to which the Center's Board of Directors delegates responsibilities relating to, and exact accountability for the quality and appropriateness of patient care and professional performance...</p> <p>The Consulting Committee shall be made up of members of Administration, qualified surgeons, anesthesiologists, pathologists, and other consulting physicians consisting of not less than three (3) members who shall establish the required standards commensurate with the size, scope, extent and complexity of service programs and procedures for which the Center is licensed."</p>		

DATE OF SURVEY 2/11/14

BY 19843
(Surveyor)

(Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ASTC

NAME AND ADDRESS OF FACILITY: Apollo Health Center, Ltd., 2750 So. River Rd., Des Plaines, IL 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.230(a)(1) continued	<p>2. On 2/11/14 at 9:00 AM, an interview was conducted with the Administrator. The Administrator stated the Governing Body was the same as the Consulting Committee and the Governing Body meeting minutes were the same as the Consulting Committee's. The Administrator stated that a GI physician had not participated in the Governing Body/Consulting Committee meetings.</p> <p>3. On 2/11/14 at 10:00 AM, the Governing Body (Consulting Committee) meeting minutes for the past 12 months were reviewed. Meetings were held on 3/20/13, 1/27/14, and 2/5/14. There was no GI physician in attendance during the meetings.</p>	<p>205.230(a)(1)</p> <p>See Consulting Committee Minutes. Vera Schmidt, Chief of Operations, will ensure that all physicians receive notice of meetings and that each specialty is represented as the meetings.</p>	3/14/2014

DATE OF SURVEY 2/11/14

BY 19843
(Surveyor)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY

(Provider's Representative)

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
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NAME AND ADDRESS OF FACILITY: Apollo Health Center, Ltd., 2750 So. River Rd., Des Plaines, IL 60018

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205.230(a)(1) Continued	4. On 2/11/14 at 11:00 AM, an interview was conducted with the Medical Director. The Medical Director stated the ASC would be performing obstetric, GI, and urology procedures and expected each specialty to do approximately one third of the surgical cases.		

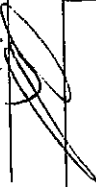
DATE OF SURVEY 2/11/14 BY 19843 (Surveyor) _____ (Provider's Representative)

NOTE: IF P.L.V., INDICATE DATE OF PRIOR SURVEY _____

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ASTC

NAME AND ADDRESS OF FACILITY: Apollo Health Center, Ltd., 2750 So. River Rd., Des Plaines, IL 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.230(a)(2)	<p>The consulting committee shall review development and content of the written policies and procedures of the center, the procedures for granting privileges, and the quality of the surgical procedures performed. Evidence of such review shall be recorded in the minutes.</p> <p>Based on document review and interview, it was determined the consulting committee failed to review the procedures for granting privileges and the quality of the surgical procedures performed. (The facility is currently licensed as a pregnancy termination facility.) This affected all past and future surgical patients.</p> <p>Findings include:</p>		

DATE OF SURVEY 2/1/14 BY 19843 (Surveyor)

NOTE: IF P.L.V., INDICATE DATE OF PRIOR SURVEY _____ (Provider's Representative)

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ASTC

NAME AND ADDRESS OF FACILITY: Apollo Health Center, Ltd., 2750 So. River Rd., Des Plaines, IL 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.230(a)(2) continued	<p>1. On 2/11/14 at 9:00 AM, an interview was conducted with the Administrator. The Administrator stated the Governing Body was the same as the Consulting Committee and the meeting minutes were the same.</p> <p>2. On 2/11/14 at 10:00 AM, the Governing Body (Board of Directors) meeting minutes for the past 12 months were reviewed. Meetings were held on 3/20/13, 1/27/14, and 2/5/14. There was no discussion of the procedures for granting privileges or the quality of the surgical procedures currently being performed. There were no separate Consulting Committee meeting minutes.</p>	<p>205.230(a)(2)</p> <p>See Consulting Committee Minutes. The Consulting Committee has reviewed and discussed the procedures. Vera Schmidt will ensure procedures for granting privileges and the quality of the surgical procedures are discussed at the Consulting Committee.</p> <p>The Board of Directors approves the Consulting Committee's minutes.</p>	3/14/2014

DATE OF SURVEY 2/11/14 BY 19843 (Surveyor)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY _____ (Provider's Representative)

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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205.230 (b)(2)	Standards of Professional Work The Medical Director shall be responsible for the implementation of medical policies and procedures contained in the facility's policy and procedure manual (Section 250.240) governing the professional personnel involved directly in the care of patients undergoing surgical procedures, including their preoperative and postoperative care and follow-up. Based on document review and interview, it was determined, the facility failed to ensure the surgical count policy was accurate, affecting all future surgical patients.		

DATE OF SURVEY 2/1/14

BY 19843
(Surveyor)

(Provider's Representative)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

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205.230 (b)(2) continued	<p>1. Facility policy titled, "Counts of Sponges, Needles and Knife Blades (invasive)", with no date, was reviewed on 2/11/14 at 11:15 AM. The policy required, "E. If an item cannot be found... An X-ray should be taken to determine if the item is in the patient."</p> <p>2. An interview was conducted with the Administrator on 2/11/14 at 11:00 AM. The Administrator stated the facility did not have an X-ray machine and the patient would have to be sent out of the facility if needles did not match the count.</p>	<p>205.203(b)(2)</p> <p>1. & 2. See Consulting Committee Minutes. The policy has been changed and approved by the Committee (See Enclosure). The Medical Director will be responsible to keep clinical policy and procedures current and relevant to the surgical cases.</p>	3/14/2014

DATE OF SURVEY 2/11/14 BY 19843 (Surveyor) _____ (Provider's Representative)

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ASTC

NAME AND ADDRESS OF FACILITY: Apollo Health Center, Ltd., 2750 So. River Rd., Des Plaines, IL 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.310 (b)	<p>Personnel Policies</p> <p>The ambulatory surgical treatment center shall check the status of all applicants with the Health Care Worker Registry prior to hiring.</p> <p>Based on document review and interview it was determined for 10 of 10 (E# 1 - 10) non registered nurse files reviewed, the facility failed to check the status of the employees on the Health Care Worker Registry.</p> <p>Findings include:</p> <p>1. The facility policy titled "Personnel - Employment Application" (approved 1/27/14), required, "Surgery center regulations require that <u>ALL</u> employees be screened through the Illinois Nurses' Aide Registry."</p>	<p>205.310(b)</p> <p>See Consulting Committee Minutes. All non-licensed healthcare workers have been screened through the Illinois Nurses' Aide Registry. Vera Schmidt, Chief of Operations, will ensure ongoing compliance.</p>	3/14/2014


DATE OF SURVEY 2/11/14 BY 19843 (Surveyor)

NOTE: IF PLY, INDICATE DATE OF PRIOR SURVEY _____ (Provider's Representative)

**ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF HEALTH FACILITIES STANDARDS
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

ASTC

NAME AND ADDRESS OF FACILITY: Apollo Health Center, Ltd., 2750 So. River Rd., Des Plaines, IL 60018

LIST RULE VIOLATED	ENTER SUMMARY OF REQUIREMENT AND SPECIFICALLY WHAT IS WRONG	PROVIDER'S PLAN OF CORRECTION AND DATE TO BE COMPLETED	COMPLETION DATE
205.310 (b) continued	<p>2. The personnel files of 10 non registered nurses staff members (E#1 - #10) were reviewed on 2/11/14. The 10 employees gave permission to have their status checked on the registry; however, there is no documentation of this occurring.</p> <p>3. During an interview on 2/11/14 at approximately 11:00 AM, the Administrator stated, "we have not done any status checks because the staff are not nursing assistants."</p>		

DATE OF SURVEY 2/11/14 BY 19843 (Surveyor) _____ (Provider's Representative)

NOTE: IF PLV, INDICATE DATE OF PRIOR SURVEY _____

**Special Meeting of the Consulting Committee
Apollo Health Center, Ltd.**

March 12, 2014

Present: Vera Schmidt, Administrator
Nisha Patel, M.D.
Vijay Goyal, M.D.

Vinod Goyal, M.D. - Medical Director/GYN
Gordon Gluckman, M.D. - Urology
Arun Ohri, M.D. – Gastroenterology

I. Call to Order

Meeting called to order at 1:30pm by Vera Schmidt.

II. Reading of the Notice Calling the Meeting

This special meeting of the Consulting Committee is being held to address the findings of the February 11, 2014 IDPH Statement of Deficiencies.

IV. Transaction of Business for which the Meeting was Called

The Consulting Committee has reviewed the Policy and Procedure Manual for the surgical center and has implemented the following:

1. Membership of the Consulting Committee shall reflect the types of procedures performed. The following current surgical specialties (Gastroenterology, Urology, and Gynecology) must be represented at the meetings.
2. The Center's policy and procedure for granting privileges has been found to be complete and appropriate. The following physicians have been granted privileges:
 - a. Vinod Goyal, M.D. – GYN, Medical Director
 - b. Gordon Gluckman, M.D. – Urology
 - c. Arun Ohri, M.D. – Gastroenterology
 - d. Paul Fahrenbach, M.D. – Gastroenterology
 - e. Sampath Chennamaneni, M.D. – Anesthesiology
 - f. Nisha Patel, M.D. – Family Practice
 - g. Vijay Goyal, M.D. – General Practice
 - h. Nichole Williams, M.D. – Uro-Gynecology
3. The Center's list of approved surgical procedures has been reviewed and accepted.
4. The Center's Nursing Policy and Procedure manual has been updated to reflect the approved surgical procedures.

Regarding Nursing Policy: "Counts of Sponges, Needles, and Knife Blades"
Section XI.A, Procedure E.3: "An X-ray should be taken to determine if the item is in the patient."
The Center does not perform X-rays. Vera Schmidt has researched this matter and has found the following:

- i. Research shows that the smallest needle that could be visualized on an X-ray is 5-0 suture and that a 6-0 suture is very difficult to visualize. (Macilquham MD, Riley RG, Grossberg P. Identifying lost surgical needles using radiographic techniques. AORN J 2003 Jul; 78(1):73-8.)
- ii. A review of our current list of procedures demonstrates that our "invasive" procedures are actually minimally invasive; incisions are superficial and small and do not require any large incisions and/or open wounds.
- iii. A discussion with the surgeons found that when there is a discrepancy in the count, they did not feel the need for mandatory X-ray follow-up the type of procedures they will perform.

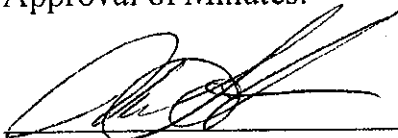
This research justifies the removal of Procedure E.3 in this policy.

5. Per IDPH recommendations, all employees will be screened through the Illinois Nurses' Aide Registry. Vera Schmidt had previously investigated whether or not medical assistants needed to be screened and was told by the Registry that it was only for Nurses' Aides. Nevertheless, all non-licensed healthcare workers have been screened and no negative finds were found. The Nurses' Aide Registry screening has been added to the Personnel section of the Policy and Procedures Manual.


III. Adjournment

Having no further business, the meeting is adjourned

Approval of Minutes:



Vera Schmidt, Administrator



Vinod K. Goyal, M.D., Medical Director

COUNTS OF SPONGES, NEEDLES AND KNIFE BLADES**POLICY:**

Sponge, needle and knife blade counts are at the discretion of the physician to account for all items used during a procedure.

PROCEDURE:

- A. Counts shall be made as follows: once prior to incision, as added to case, and before closure of incision.
- B. The scrub person and circulating person carry out counts concurrently. The circulating personnel documents and signs for the counts.
- C. Once the first count is taken, nothing should be removed from the operating room until after the final count.
- D. The circulating person informs the surgeon of the count status.
- E. If an item cannot be found:
 1. Inform the surgeon.
 2. A complete inspection of the sterile area and operating suite is performed.
 3. The surgeon shall perform a visual and manual search of the wound to try and locate the missing item.
 4. The surgeon will determine how to follow up with the patient.
 5. Initiate an incident report

CREDENTIALING POLICY FOR PERSONNEL

POLICY:

A review of all credentials and references for all new personnel shall be performed.

OBJECTIVE:

- A. The assurance that patient care is by qualified competent staff.
- B. The assurance that state licensing requirements, when applicable, have been met by the employee.

PROCEDURE:

- A. Licensed Staff will have their license verified by IDFPR License Look-Up Verification. The report from License Look-Up and copies of the employees' current licenses shall be placed in their personnel file.
- B. Non – Licensed healthcare workers will be screened through the Illinois Nurse's Aide Registry and the result of the report shall be placed in their personnel file.

**Special Meeting of the Board of Directors
Apollo Health Center, Ltd.**

March 7, 2014

Present: Vera Schmidt, Administrator
Nisha Patel, M.D.

Vinod Goyal, M.D. - Medical Director
Vijay Goyal, M.D.

I. Call to Order

Meeting called to order at 1:00pm by Vera Schmidt.

II. Reading of the Notice Calling the Meeting

This special meeting of the Board of Directors is being held to address the findings of the February 11, 2014 IDPH Statement of Deficiencies and to establish the Consulting Committee.

IV. Transaction of Business for which the Meeting was Called

Membership of the Consulting Committee must reflect the types of procedures performed.

The following members have been appointed to the Consulting Committee:

- Vera Schmidt, Chief of Operations
- Vinod Goyal, M.D., Medical Director - Gynecology
- Gordan Gluckman, M.D.- Urology
- Arun Ohri, M.D. - Gastroenterology

Other Professional staff may also participate in the Consulting Committee as needed.

The Consulting Committee will meet at least quarterly or as needed.

The appointed Consulting Committee will meet on March 12, 2014 to address the findings of the IDPH survey. The Plan Of Correction must be submitted within 10 day (received on March 6, 2014).

III. Adjournment

Having no further business, the meeting is adjourned

Approval of Minutes:



Vera Schmidt, Administrator



Vinod Goyal, M.D., Medical Director

**Special Meeting of the Board of Directors
Apollo Health Center, Ltd.**

March 13, 2014

Present: Vera Schmidt, Administrator
Nisha Patel, M.D.

Vinod Goyal, M.D. - Medical Director
Vijay Goyal, M.D.

I. Call to Order

Meeting called to order at 1:00pm by Vera Schmidt.

II. Reading of the Notice Calling the Meeting

This special meeting of the Board of Directors is being held to approve the minutes of the Consulting Committee.

IV. Transaction of Business for which the Meeting was Called


The Consulting Committee Minutes of the March 12, 2014 meeting have been reviewed and accepted.

The IDPH Plan of Corrections has been completed and is ready to send to IDPH today.

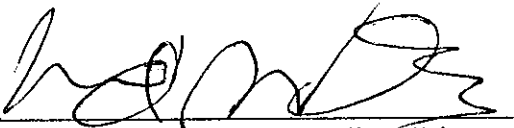
III. Adjournment

Having no further business, the meeting is adjourned

Approval of Minutes:



Vera Schmidt, Administrator



Vinod Goyal, M.D., Medical Director

Illinois Department of Public Health
Division of Health Care Facilities and Programs
Ambulatory Surgical Treatment Center
Survey Report

Nursing Survey: Type Initial Resurvey

Name of Facility: Apollo Health Center

Date of Survey: 2-11-14

Address: 2750 S. River Rd.

Name of Surveyor(s) Michael Twley

City: Des Plaines Zip: 60018

Candace Ostrum, Heather Sizemore, Timmie Robinson

Name of Administrator: Vera Schmidt

Telephone number: 847-255-7400

Comments: _____

MT 220, 230, 240, 610, 620

CO 310, 320, 330, 340, 350

HS 510, 520, 530, 540

JR 410, 420

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A COMMENTS

SUBPART B: OWNERSHIP AND MANAGEMENT

Section 205.220 Organizational Plan

An organizational plan shall be known to the staff and available for public information in the facility. The document shall clearly set forth the organization, duties, responsibility, accountability and relationships of professional staff and other personnel. All owners, administrators, professional staff and ancillary personnel shall act in accordance with this document. This document shall be submitted to the Department with the initial application and thereafter will be reviewed at regular inspections by the Department.

✓

RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A COMMENTS

Section 205.230 Standards of Professional Work

Management and/or the owner of the ambulatory surgical treatment center shall maintain proper standards of professional work in the licensed facility.

(a) A qualified consulting committee shall be appointed in writing by the management and/or owner of the ambulatory surgical treatment center and shall establish and enforce standards for professional work in the facility and standards of competency for physicians. The consulting committee shall meet not less than quarterly and shall document all meetings with written minutes. These written minutes shall be maintained at the facility and shall be available for inspection by the Department.

(1) The membership of the consulting committee shall reflect the types of procedures performed. If the facility performs more than 50 procedures per month or more than 10% of the total procedures performed are in a specific specialty area then there shall be a consulting physician of that specialty on the consulting committee.

(2) The consulting committee shall review development and content of the written policies and procedures of the center, the procedures for granting privileges, and the quality of the surgical procedures performed. Evidence of such review shall be recorded in the minutes.

IN COMPLIANCE	YES	NO	N/A	COMMENTS
	✓			
	X	X		GI not member of consulting committee
	X	X		No evidence only Adam + had in signed off

RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A COMMENTS

Section 205.230 Standards of Professional Work (Continued)

<p>(3) Credentials shall be provided by those physicians seeking practice privileges. These credentials shall be reviewed by the credentials committee and specific practice privileges identified and recorded. Record of such accepted practice privileges shall be available for facility staff use and public information within the facility.</p>	✓			
<p>(4) Each member of the medical staff granted specific surgical practice privileges shall provide a notarized statement or documentation indicating the name of the Illinois' licensed hospital(s) where they have skilled-equivalent practice privileges. Such statements or documentation shall be available for inspection by the Department. A list of privileges granted each medical staff member of the ambulatory surgical treatment center shall be available at all times for use by the staff of the center and for inspection by Department staff. As used in this subsection, "skilled-equivalent" means the ability to perform similar procedures requiring the same level of training and expertise.</p>	✓			

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A COMMENTS

Section 205.230 Standards of Professional Work (Continued)

<p>(5) The consulting committee shall act as a tissue committee and shall review at least quarterly pathological reports from procedures performed by each physician on the staff. Evidence of such review shall be recorded in the minutes.</p>	✓		Not Satisfied
<p>(b) A qualified physician shall be designated "Medical Director."</p> <p>(1) The Medical Director shall secure compliance with the policies and procedures pertaining to medical and surgical procedures, approved by the consulting committee.</p>	✓		
<p>(2) The Medical Director shall be responsible for the implementation of medical policies and procedures contained in the facility's policies and procedures manual (Section 205.240) governing the professional personnel involved directly in the care of patients undergoing surgical procedures, including their preoperative and postoperative care and follow-up.</p>	X	X	Counts - X-ray

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A **COMMENTS**

Section 205.230 Standards of Professional Work (Continued)

- (3) The Medical Director shall establish and secure compliance of standards for the observation of patients by nursing personnel during the postoperative period.



RULES AND REGULATIONS	IN COMPLIANCE YES NO N/A	COMMENTS
Section 205.230 Standards of Professional Work (Continued) (3) The Medical Director shall establish and secure compliance of standards for the observation of patients by nursing personnel during the postoperative period.	✓	

RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A

COMMENTS

Section 205.240 Policies and Procedures Manual

The management/owner of the ambulatory surgical treatment center shall formulate a written policies and procedures manual. This shall be done in cooperation with the medical and professional staff and shall be approved by the consulting committee. These procedures shall provide for the acceptance, care, treatment, anesthesia services, discharge, referral, and follow up of all patients and all incidental operations of the facility. This manual shall be available to all staff in the center and shall be followed by them at all times in the performance of their duties.

~~not approved by Consulting Committee~~
 OK W-T

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A

COMMENTS

Section 205.310 Personnel Policies

Each ambulatory surgical treatment center shall have written personnel policies including job descriptions for each staff position, which shall include minimum qualifications required for the position. There shall be a documented procedure for orientation of new employees to the facility's policies and procedures as well as the personnel policies including a copy of the appropriate job description.

- (a) Prior to employing any individual in a position that requires a State license, the ambulatory surgical treatment center shall contact the Illinois Department of Financial and Professional Regulation to verify the individual's license is active. A copy of the license shall be placed in the individual's personnel file.
- (b) The ambulatory surgical treatment center shall check the status of all applicants with the Health Care Worker Registry prior to hiring.

	✓			
	✓			
		✓		

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A COMMENTS

Section 205.320 Presence of Qualified Physician

A qualified physician shall be present at the facility at all times during the operative and postoperative period for all patients.

✓

	YES	NO	N/A	COMMENTS
Section 205.320 Presence of Qualified Physician A qualified physician shall be present at the facility at all times during the operative and postoperative period for all patients.	✓			

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A COMMENTS

Section 205.330 Nursing Personnel

<p>(a) At least one registered professional nurse with postgraduate education or experience in surgical nursing shall direct and supervise the nursing personnel and the nursing care of patients and shall be on duty at all time, on the premises, when patients are present.</p>	✓		✓	
<p>(b) Nursing care may be provided by student nurses and licensed practical nurses who have been trained in observation and emergency techniques for preoperative and postoperative care of surgical patients and who are under the direct personal supervision of a registered nurse at all times.</p>				

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A COMMENTS

Section 205.340 Basic Life Support

At least one person who is certified in "Basic Life Support" by the American Heart Association shall be on the premises while patients are present.

✓

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A COMMENTS

Section 205.350 Laboratory Services

Each ambulatory surgical treatment center shall meet each of the following requirements:

- (a) Possess a valid Clinical laboratory Improvement Amendments (CLIA) certificate for those tests performed by the facility (57 Fed. Reg. 40, pp 7135-7139, February 28, 1992-Medicare, Medicaid and CLIA Programs; Regulations Implementing the Clinical Laboratory Improvement Amendments of 1988 (CLIA), No further editions or amendments included).
- (b) Have a written agreement with a laboratory which possesses a valid CLIA certificate to perform any required laboratory procedures which are not performed in the center.

	✓		
	✓		QUEST

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A

COMMENTS

Section 205.410 Equipment

Equipment shall be in good working order and shall be available in numbers sufficient to provide good patient care based on the procedures to be performed in the facility.

- (a) There shall be monitoring equipment, suction apparatus, oxygen and related items available within the surgical and post-operative recovery area. Cardiac pulmonary resuscitation equipment shall be available in all facilities.
- (b) There shall be written procedures governing the care, use, sterilization, storage and disposal of all materials to insure that an adequate supply of sterile equipment is available for each procedure. The section on "Sterilization and Disinfection" from "Infection Control in the Hospital," most recent edition, American Hospital Association, shall be used as the guideline.
- (c) There shall be written procedures to assure safety in storage and use of inhalation anesthetics and medical gases in accordance with NFPA Standard No. 99.
- (d) There shall be written procedures to assure the safety in storage and use of all narcotics and medications in accordance with state and federal law.

<p>2/11/14 JFR</p>			
<p>2/11/14 JFR</p>			

(BDC, A022)

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A COMMENTS

Section 205.410 Equipment (Continued)

(e) In those facilities using laser equipment, there shall be documentation of registration with the Illinois Department of Nuclear Safety as is required by the Laser System Act (ILL. Rev Stat. 1991, ch. 111 1/2, par. 700 et seq.) {420 ILCS 55}. The facility shall also have a written safety and maintenance program related to the use of the laser equipment.

*2/11/14
 GFL*

	YES	NO	N/A	COMMENTS
<p>(e) In those facilities using laser equipment, there shall be documentation of registration with the Illinois Department of Nuclear Safety as is required by the Laser System Act (ILL. Rev Stat. 1991, ch. 111 1/2, par. 700 et seq.) {420 ILCS 55}. The facility shall also have a written safety and maintenance program related to the use of the laser equipment.</p>				

RULES AND REGULATIONS

IN COMPLIANCE YES NO N/A COMMENTS

Section 205.420 Sanitary Facility

<p>(a) The ambulatory surgical treatment center shall insure maintenance of a sanitary facility with all equipment in good working order. Written procedures shall include provision for garbage and refuse removal, insect and rodent control, maintenance of water, heat, ventilation and air conditioning, and electrical service.</p>	<p>2/11/14 JFR</p>			
<p>(b) Any blood, blood components, organs, semen, or other human tissue showing exposure to Human Immunodeficiency Virus (HIV) as evidenced by two of three reactive ELISA test results (according to the package insert – product circular), or exposure to any other identified causative agent of Acquired Immunodeficiency Syndrome (AIDS), and any blood, blood components, organs, semen, or other human tissue originating from a patient diagnosed with AIDS or ARC as defined in 77 Ill. Adm. Code 693.20, shall be disposed of by the center in accordance with subsection (c) of this Section, or delivered in accordance with subsection (d) of this Section, to a research facility to use such blood, blood components, organs, semen, or other human tissue for AIDS research.</p>			<p>2/14</p>	

RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A COMMENTS

Section 205.420 Sanitary Facility (Continued)

(c) Any such blood, blood components, organs, semen, or other human tissue, and any other materials or paraphernalia exposed to, or contaminated by, such blood, blood components, organs, semen, or other human tissue shall be completely incinerated, sterilized, or sealed in order to render the materials innocuous before disposal or removal from the premises.

(1) The incineration of materials shall be done in accordance with the requirements of the Pollution Control Board concerning the operation of an incinerator (35 Ill. Adm. Code 724).

(2) The sterilization of materials shall be done by autoclaving the materials in accordance with the recommendations of the manufacturer of the autoclave. The effectiveness of the autoclave shall be verified and documented at least weekly with a biological spore assay containing *B. stearothermophilus*.

(3) Incinerated or sterilized materials shall be disposed of through routine waste disposal methods.

2/11/14
JFR

2/11/14
JFR

2/11/14
JFR

N/A

RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A **COMMENTS**

Section 205.420 (c)(4) Sanitary Facility (Continued)

<p>(4) Materials which have not been incinerated or sterilized shall be disposed of by a waste hauler with a proper permit from the Illinois Environmental Protection Agency under rules of the Pollution Control Board (35 Ill. Adm. Code 809). These materials must be sealed, transported, and stored in biohazard containers. These containers shall be marked "Biohazard," bear the universal biohazard symbol, and be orange, orange and black, or red. The containers shall be rigid and puncture-resistant such as a secondary metal or plastic can with a lid that can be opened by a step-on pedal. These containers shall be lined with one or two high density polyethylene or polypropylene plastic bags with a total thickness of at least 2.5 mil. or equivalent material. The containers shall be sealed before being removed from the facility.</p>	<p><i>PH/ML</i> <i>JPR</i></p>			
<p>(d) When a center delivers such blood, blood components, organs, semen, or other human tissue to a research facility, the center shall file a report with the Department (Division of Laboratories) which shall include at least the following information:</p> <p>(1) A copy of the request from the research facility for the blood, blood components, organs, semen, or other human tissue;</p>			<p><i>PH/A</i></p> <p><i>PH/A</i></p>	

RULES AND REGULATIONS

**IN COMPLIANCE
YES NO N/A COMMENTS**

Section 205.420 (d)(2) Continued

- (2) The quantity of blood, blood components, organs, semen, or other human tissue delivered;
 - (3) The name and location of the research facility to which the blood or other human tissue was delivered; and
 - (4) The date and time of delivery.
- (e) A research facility, for the purposes of this Section, shall mean any clinical laboratory licensed under the Clinical Laboratory Act (Ill. Rev. Stat. 1987, ch. 111 ½, par. 621 et. seq.), any blood bank licensed under the Illinois Blood Bank Act (Ill. Rev. Stat. 1987, ch. 111 ½, par. 601-101 et seq.) or any hospital licensed under the Hospital Licensing Act (Ill. Rev. Stat. 1987, ch. 111 ½, par. 142 et seq.)

			N/A	
			N/A	

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A COMMENTS

Section 205.510 Emergency Care

(a) Each facility shall have a written plan of procedure to be followed in case of fire, explosion, or non-patient medical emergency. This plan shall specify persons to be notified and actions to be taken and shall be known by all staff of the facility.

✓

(b) Each facility shall be prepared to manage those emergencies which may be associated with procedures performed there.


✓

RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A

COMMENTS

Section 205.520 Preoperative Care

<p>(a) Where medical evaluation, examination, and referral are made from a private physician's office, hospital, or clinic, pertinent records thereof shall be available and made part of the patient's clinical record at the time the patient is registered and admitted to the ambulatory surgical treatment center.</p>			
<p>(b) A complete medical history shall be obtained and the physical examination shall be complete. A pre-anesthetic evaluation shall be completed specifically identifying any patient sensitivity or contraindications to anesthesia.</p>			
<p>(c) The laboratory examinations required on all admissions shall be determined by the Consulting Committee and shall be consistent with the scope and nature of the ambulatory surgical treatment center. The required list or lists of test shall be in written form and shall be available to all members of the Medical staff.</p>			
<p>(d) Prior to procedures performed to terminate pregnancy, the physician shall establish the diagnosis of pregnancy by appropriate clinical evaluation and testing. In addition, the patient's blood Rh factor shall be determined.</p>			
<p>(e) A written statement indicating informed consent and a signed authorization by the patient for the performance of the specific surgical procedure shall be procured and made part of the patient's clinical record.</p>			

review clearance @ times

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A COMMENTS

Section 205.520 (f) Preoperative Care (Continued)

<p>(f) Surgical procedures shall not be performed on patient's having medical, surgical, or psychiatric conditions or complications as specified by the consulting committee in the facility's written policies.</p>	<p>✓</p>	<p>(g) Prior to admission to the facility for a surgical procedure, the patient shall be informed of the following:</p>	<p>✓</p>	<p>(1) Patients who receive general anesthesia, intravenous sedation, spinal or epidural anesthesia, or any other specific anesthesia technique designated by the consulting committee, must not attempt to drive a motor vehicle immediately upon discharge from the facility.</p>	<p>✓</p>	<p>(2) Patients must make arrangements prior to admission for safe transportation from the facility upon discharge to return to home or to a similar environment.</p>
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RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A COMMENTS

Section 205.530 Operative Care

(a) Surgical procedures shall be performed only by a qualified physician, dentist or podiatrist within the limits of the defined specific surgical practice privileges that have been granted to that individual by the consulting committee or a committee designated by the consulting committee.

(b) Administration of Anesthesia

(1) For the purposes of this Section, anesthesia shall include general anesthesia, intravenous sedation, spinal or epidural anesthesia, and any other specific anesthesia technique that is designated by the consulting committee.

(2) Anesthesia may be administered only by the following persons, each having been granted specific anesthesia privileges by the consulting committee or a committee designated by the consulting committee:

(A) A qualified anesthesiologist (as defined in Section 205.110 of this Part).

(B) A physician licensed to practice medicine in all its branches.

<p>(a) Surgical procedures shall be performed only by a qualified physician, dentist or podiatrist within the limits of the defined specific surgical practice privileges that have been granted to that individual by the consulting committee or a committee designated by the consulting committee.</p>	✓			
<p>(b) Administration of Anesthesia</p> <p>(1) For the purposes of this Section, anesthesia shall include general anesthesia, intravenous sedation, spinal or epidural anesthesia, and any other specific anesthesia technique that is designated by the consulting committee.</p>	✓			
<p>(2) Anesthesia may be administered only by the following persons, each having been granted specific anesthesia privileges by the consulting committee or a committee designated by the consulting committee:</p>				
<p>(A) A qualified anesthesiologist (as defined in Section 205.110 of this Part).</p>	✓			
<p>(B) A physician licensed to practice medicine in all its branches.</p>	✓			

RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A COMMENTS

Section 205.530 (b)(2) Operative Care (Continued)

<p>(C) A dentist who has been approved by the Department of Financial and Professional Regulation to administer Anesthesia for dental surgery only pursuant to Section 8.1 of the Illinois Dental Practice Act [225 ILCS 25].</p>	✓		✓	
<p>(D) A certified registered nurse anesthetist (as defined in Section 205.110 of this Part) who is implementing the orders of a qualified anesthesiologist, or the physician, dentist, or podiatrist who is performing the procedure. The qualified anesthesiologist, physician, dentist or podiatrist who has ordered the anesthesia must be on the premises of the facility during the administration of the anesthesia.</p>	✓			
<p>(E) A registered nurse. If the ASTC policy allows the registered nurse to deliver moderate sedation ordered by a physician licensed to practice medicine in all its branches, podiatrist, or dentist, the following are required:</p>	✓			
<p>i) The registered nurse must be under the supervision of a physician licensed to practice medicine in all its branches, podiatrist, or dentist during the delivery or monitoring of moderate sedation and have no other responsibilities during the procedure.</p>	✓			

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A COMMENTS

Section 205.530 (b)(2) Operative Care (Continued)

<p>ii) The registered nurse must maintain current Advanced Cardiac Life Support certification or Pediatric Advanced Life Support certification as appropriate to the age of the patient.</p>	✓		
<p>iii) The supervising physician licensed to practice medicine in all its branches, podiatrist, or dentist must have training and experience in delivering and monitoring moderate sedation and possess clinical privileges at the ASTC to administer moderate sedation or analgesia.</p>	✓		
<p>iv) The supervising physician licensed to practice medicine in all its branches, podiatrist, or dentist must remain physically present and available on the premises during the delivery of moderate sedation for diagnosis, consultation, and treatment of emergency medical conditions.</p>	✓		
<p>v) The supervising physician licensed to practice medicine in all its branches, podiatrist, or dentist must maintain current Advanced Cardiac Life Support certification or Pediatric Advanced Life Support certification as appropriate to the age of the patient.</p>	✓		

RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A COMMENTS

Section 205.530 (b)(2) Operative Care (Continued)

<p>vi) Local, minimal, and moderate sedation shall be defined by the Division of Professional Regulation of the Department of Financial and Professional Regulation. Registered nurses shall be limited to administering medications for moderate sedation at doses rapidly reversible pharmacologically as determined by rule by the Division of Professional Regulation of the Department of Financial and Professional Regulations. (Section 6.7(b) of the Act.</p>	✓			
<p>vii) Nothing in the Act or this Section precludes a registered nurse from administering medication for the delivery of local or minimal sedation ordered by a physician licensed to practice medicine in all its branches, podiatrist, or dentist. (Section 6.7(a) of the Act)</p>	✓			
<p>(F) A podiatrist licensed under the Pediatric Medical Practice Act of 1987. (Section 6.5 of the Act)</p> <p>(3) An anesthesia assistant who is licensed as a physician's assistant pursuant to the Physician Assistant Practice Act of 1987 (225 ILCS 95) may assist in the administration of anesthesia only under the direct supervision of a qualified anesthesiologist (as defined in Section 205.110 of this Part).</p>	✓		✓	

RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A COMMENTS

Section 205.530 (b) Operative Care (Continued)

(4) The person administering anesthesia, or a person who has equivalent practice privileges, shall be present in the facility during the recovery of the patient to whom anesthesia was administered.

✓

(c) Examination of Removed Tissues

(1) All tissues removed during surgery shall be examined by a consulting pathologist, who shall provide a written report of the examination to the attending physician.

✓

(2) A copy of the pathology report shall be filed in the patient's clinical record within seven days.

✓

(3) The following tissues and materials are exempt from this requirement and do not need to be examined by a pathologist:

(A) Foreskin, fingernails, toenails, and teeth that are removed during surgery.

✓

(B) Bone, cartilage, and soft tissue removed during the course of surgery and determined by the attending physician not to require pathological examination.

✓

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A

COMMENTS

Section 205.530 (c)(3) Operative Care (Continued)

<p>(C) Cataract lenses that are removed during the course of eye surgery.</p>	✓	✓	
<p>(D) Foreign substances (e.g., wood, glass, pieces of metal (including previously inserted surgical hardware) that are removed during surgery.</p>	✓		
<p>(d) All x-rays, except those exempted by the consulting committee and as specified in the facility's policies and procedures manual, shall be read by a physician, podiatric physician, or dentist, each of whom shall have practice privileges at the facility, or by a consulting radiologist approved by the consulting committee. A copy of the x-ray report shall be filed in the patient's clinical record within seven days.</p>	✓		<p><i>Contracted service available</i></p>
<p>(e) A registered nurse, qualified by training and experience in operating room nursing, shall be present in the operating room and function as the circulating nurse during all invasive or operative procedures requiring aseptic technique. As used in this subsection, "circulating nurse" means a registered nurse who is responsible for coordinating all nursing care, patient safety needs, and the needs of the surgical team in the operating room during an invasive or operative procedure requiring aseptic technique. (Section 6.5(2.5) of the Act)</p>	✓		

ADD REGULATIONS

IN COMPLIANCE
YES NO N/A

COMMENTS

ction 205.540 Postoperative Care

<p>(a) Patients shall be observed in the facility for a period of time sufficient to ensure that the patient is awake, physiologically stable, manifests no immediate postoperative complications, and is ready to return to home or to a similar environment. No patient shall be required to leave the center in less than one (1) hour following the procedures.</p>	✓			
<p>(b) Rh factor sensitization prophylaxis shall be provided to all Rh negative patients following procedures performed to terminate pregnancy, in accordance with standard medical procedures.</p>	✓			
<p>(c) Patients in whom a complication is known or suspected to have occurred during or after the performance of a surgical procedure, shall be informed of such condition and arrangements made for treatment of the complication. In the event of admission to an inpatient facility a summary of care given in the ambulatory surgical treatment center concerning the suspected complication shall accompany the patient.</p>	✓			
<p>(d) To ensure availability of follow-up care at a licensed hospital, the ambulatory surgical treatment center shall provide written documentation of one of the following:</p> <p>(1) A transfer agreement with a licensed hospital within approximately fifteen (15) minutes travel time of the facility.</p>			✓	

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A

COMMENTS

Section 205.540 (d) Postoperative Care (Continued)

<p>(2) A statement that the medical director of the facility has full admitting privileges at a licensed hospital within approximately fifteen (15) minutes travel time and that he/she will assume responsibility for all facility patients requiring such follow-up care.</p>	✓			
<p>(3) A statement that each staff physician, dentist, or podiatrist has admitting privileges in a licensed hospital within fifteen (15) minutes travel time of the facility.</p>			✓	
<p>(e) Written instructions shall be issued to all patients in accordance with the standards approved by the consulting committee of the ambulatory surgical treatment center and shall include the following:</p>				
<p>(1) Symptoms of complications associated with procedures performed.</p>	✓			
<p>(2) Limitations and/or restrictions of activities of the patient.</p>	✓			
<p>(3) Specific telephone number to be used by the patient, at anytime, should any complication or question arise.</p>	✓			
<p>(4) A date for follow-up or return visit after the performance of the surgical procedure which shall be scheduled within six weeks.</p>	✓			<p>turn MD, or the @ facility for operations</p>

RULES AND REGULATIONS

**IN COMPLIANCE
YES NO N/A COMMENTS**

Section 205.540 Postoperative Care (Continued)

(f) Patients shall be discharged only on the written signed order of a physician. The name, or relationship to the patient, of the person accompanying the patient upon discharge from the facility shall be noted in the patient's medical record.

✓

(g) Information on availability of family planning services shall be provided, when desired by the patient, to all patients undergoing a pregnancy termination procedure. When, in the physician's opinion, it is in the best interest of the patient and with the patient's consent, family planning services may be initiated prior to the discharge of the patient.

✓

RULES AND REGULATIONS

IN COMPLIANCE
YES NO N/A


COMMENTS

Section 205.610 Clinical Records

Accurate and complete clinical records shall be maintained for each patient and all entries in the clinical record shall be made at the time the surgical procedure is performed and when care, treatment, medications, or other medical services are given. The record shall include, but not be limited to, the following:

- (a) patient identification
- (b) admitting information including patient history, physical examination findings, diagnosis or need for medical services
- (c) pre-counseling notes
- (d) signed informed consent
- (e) confirmation of pregnancy (when abortion is performed)
- (f) signed physician orders
- (g) laboratory test reports, pathologist's report of tissue, and radiologist's report of x-rays
- (h) anesthesia record
- (i) operative record

Section 205.610 Clinical Records	IN COMPLIANCE YES NO N/A	COMMENTS
(a) patient identification	✓	
(b) admitting information including patient history, physical examination findings, diagnosis or need for medical services	✓	
(c) pre-counseling notes	✓	
(d) signed informed consent	✓	
(e) confirmation of pregnancy (when abortion is performed)	✓	
(f) signed physician orders	✓	
(g) laboratory test reports, pathologist's report of tissue, and radiologist's report of x-rays	✓	
(h) anesthesia record	✓	
(i) operative record	✓	



 ✓

~~Handwritten notes and signature~~

RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A COMMENTS

Section 205.610 Clinical Records (Continued)

- (j) medication and medical treatments
- (k) recovery room progress notes
- (l) physician and nurses' progress notes
- (m) condition at time of discharge
- (n) patient instructions
- (o) post counseling notes

	YES	NO	N/A	COMMENTS
(j) medication and medical treatments	✓			
(k) recovery room progress notes	✓			
(l) physician and nurses' progress notes	✓			
(m) condition at time of discharge	✓			
(n) patient instructions	✓			
(o) post counseling notes	✓			

RULES AND REGULATIONS

IN COMPLIANCE
 YES NO N/A COMMENTS

Section 205.620 Statistical Data

<p>(a) Each ambulatory surgical treatment center shall collect, compile and maintain the following clinical statistical data at the facility to be made available to the Department during a survey or inspection, or upon the Department's request:</p> <ol style="list-style-type: none"> (1) the total number of surgical cases treated by the center; (2) the number of each specific surgical procedure performed; (3) the number and type of complications reported, including the specific procedure associated with each complication; (4) the number of patients requiring transfer to a licensed hospital for treatment of complications. List the procedure performed and the complication that prompted each transfer; and (5) the number of deaths, including the specific procedure that was performed. <p>(b) This clinical statistical data shall be collected, compiled and maintained quarterly, with reports completed no later than January 31, April 30, July 31 and October 31 for the preceding quarter.</p>				<p>not started yet</p>
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205.230(a)(1)

ARTICLE VII

CONSULTING COMMITTEE

- 7.1 The Consulting Committee is the organizational component to which the Center's Board of Directors delegates responsibilities relating to, and exact accountability for, the quality and appropriateness of patient care and professional performance. Membership on the Consulting Committee is a privilege and shall be extended by invitation from the Board of Directors to professionally competent practitioners who shall apply for privileges and only after proper review and verification, be granted the right to practice at the Center. The Board of Directors shall assign to the Consulting Committee responsibility and authority for insuring appropriate, professional care is provided to patients through clinical reviews and the Quality Assurance studies, the results of which are reported to the Board the Directors.

The Consulting Committee shall be made up of members of Administration, qualified surgeons, anesthesiologists, pathologists, and other consulting physicians consisting of not less than three (3) members who shall establish the required standards commensurate with the size, scope, extent and complexity of service programs and procedures for which the Center is licensed.

ARTICLE VIII

AMENDMENTS

- 8.1 These bylaws may be amended after submission of the proposed amendment, at any regular or special meeting of the Board of Directors. After appropriate review, the amendment may be adopted after a two-thirds approval vote by the Board of Directors at their next regular or special meeting, and will be effective upon approval.

205.310

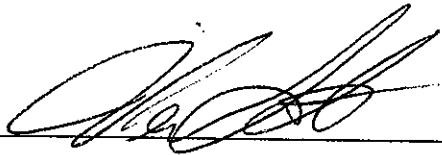
**APOLLO HEALTH CENTER, LTD.
POLICY AND PROCEDURE MANUAL**

POLICY AND PROCEDURE MANUAL

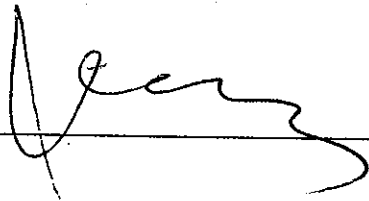
The Policy and Procedure Manual of Apollo Health Center, Ltd. shall be a guide and reference to personal and staff for conducting quality patient care in the operations of the center.

This manual shall be updated at least annually with revisions and additions made as necessary.

Adopted and Approved:



1/27/2014
Date



1/27/2014
Date

EXHIBT I

EMPLOYEMENT APPLICATIONS

205.310(2)

ALL applicants must complete this form
Even if you are not applying for a nursing position.

Surgery center regulations require that ALL employees be screened through the Illinois Nurses Aide Registry.

As part of the hiring process, A.H. Employee Company, Ltd. screens applicants through the Illinois Nurses Aide Registry.

I hereby give my consent to A.H. Employee Company, Ltd. to run a check on me through the Illinois Nurses Aides Registry.

Signed: _____

Printed Name: _____

Social Security Number: _____

**Special Meeting of the Board of Directors
Apollo Health Center, Ltd.**

205, 230(a)(2)

February 5, 2014

Present: Vera Schmidt, Chief of Operations; Vinod K. Goyal, M.D., Medical Director;
Vijay Goyal, M.D.; Sampath Chennamaneni, M.D.; Nisha Patel, M.D.

I. This special meeting called to order at 2pm by Vera Schmidt, Chairman of the Board.

II. Medical Staff Application

The Medical staff applications of Arun Ohri, M.D. and Paul Fahrenbach M.D. have been reviewed and found to be complete. Both physicians are requesting GI procedure privileges and they have been granted by the Board.

IV. New Business

The IHFPB meeting has been rescheduled to February 20, 2014 at 9am in Bolingbrook, IL. Vera Schmidt to attend.

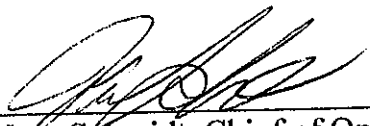
Eugene Jaworski, Equipment Technician, has completed the CBSPD Endoscopy Reprocessing course and has passed the certification exam. This certificate will be mailed.

Vera Schmidt has completed several infection control webinars. She has retrained the housekeeping staff and in-serviced them in regards to terminal cleaning of the ORs. Channel Check has been ordered; to be added to infection control surveillance of endoscopy processing.


On January 31, 2014 Vera Schmidt performed a CMS type of Infection Control Survey. Results are attached.

III. Having no further business, the meeting is adjourned

Approval of Minutes:



Vera Schmidt, Chief of Operations



Vinod K. Goyal, M.D., Medical Director

**Annual Minutes of the Board of Directors Meeting
Apollo Health Center, Ltd.**

January 27, 2014

Present: Vera Schmidt, Chief of Operations; Vinod K. Goyal, M.D., Medical Director; Vijay Goyal, M.D.; Sampath Chennamaneni, M.D.; Nisha Patel, M.D.

- I. Meeting called to order at 1:30pm by Vera Schmidt, Chairman of the Board.**
- II. This annual meeting has been moved up 4 months to address several important administration issues. The Board of Directors will now meet in the month of January for the annual meeting.**
- III. Approval of the last Board of Directors Meeting Minutes**
- IV. New Business**

The IHFPB meeting has been cancelled due to weather. Our attorney, Anne Cooper, advised us to the new date. She has also confirmed with Mike Constantino that the COI does not expire until the extension next meeting. IDPH Nurse Survey is scheduled for Tuesday February 11, 2014.

The facility's Policy and Procedure Manual is complete and has been accepted by the board.

Once licensure has been granted, Forest View Medical Center will no longer exist. Apollo Health Center will then be established:

- a. All committees will start to meet per schedule and as needed

The Consulting Committee will consist of:

- Vera Schmidt, Chief of Operations
- Vinod Goyal, M.D., Medical Director
- Marge Janotta, R.N., Nurse Manager
- Vijay Goyal, M.D.
- Nisha Patel, M.D.
- Nancy Nelson, Manager

These same individuals will also serve on all other committees once licensure is granted.


- b. CLIA will be notified of Laboratory name change to Apollo Health Center
- c. Medicare application will be submitted
- d. Once Medicare number is obtained, AAAHC application for Medicare Designation Status will be submitted

Upon licensure by IDPH all current physicians on staff will be granted privileges. (See Any new credentialing/recredentialing will be done under Apollo Health Center, Ltd.

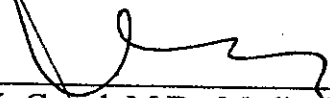
Vera Schmidt has been appointed to Infection Control Coordinator. She has a background in Medical Lab Technology and Microbiology. Vera will work closely with Marge Janotta, R.N. in developing new infection control policies. She will also be actively enrolled in various Infection Control seminars and webinars.

IV. Having no further business, the meeting is adjourned

Approval of Minutes:



Vera Schmidt, Chief of Operations



Vinod K. Goyal, M.D., Medical Director

**Quality Assurance/Quality Improvement
Apollo Health Center, Ltd.**

**Special Meeting of the Board of Directors
November 11, 2013**

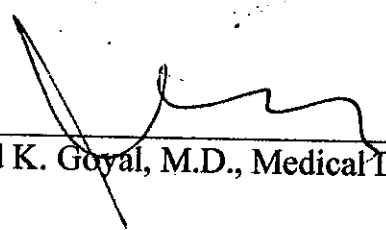
Present: Vera Schmidt, Chief of Operations; Vinod Goyal, M.D. Medical Director;
Vijay Goyal, M.D.; Sampath Chennamaneni, M.D.; Nisha Patel, M.D.

- I. Meeting called to order at 12:00pm by Vera Schmidt, Chairman of the Board.
- II. Approval of the application to the Health Facilities Planning Board for a renewal of the Certificate of Need. Application to be presented in front of the January 28, 2014 board meeting by Vera Schmidt and attorney Anne Cooper.
- III. Having no further business, the meeting is adjourned.

Approval of Minutes:



Vera Schmidt, Chief of Operations



Vinod K. Goyal, M.D., Medical Director

Infection Control Committee
October 22, 2013

Special Meeting of the Infection Control Committee

Present: Sampath Chennamaneni, M.D.
Vera Schmidt
Vinod Goyal, M.D.

Nisha Patel, M.D.
Margaret Jannotta, RN
Nancy Nelson

This Special Meeting of the Infection Control Committee has been called to order to discuss endoscopy reprocessing policy and procedures.

M. Jannotta, R.N., the Nurse Supervisor & Infection Control professional, in collaboration with Vera Schmidt, Chief of Operations, and OSHA Safety Coordinator have developed the Endoscopy Reprocessing Protocol for Committee review. The protocol is based on recommendations from the Society of Gastroenterology Nurses and Associates, Inc.

At this time, the center will be performing manual high-level disinfection. Once volume increases, Automatic Endoscope Reprocessors (AER) may be considered, if the need is warranted. V. Schmidt has researched various AER devices, their practicality & impact on the Clean Work Room. She has researched the feasibility of AER's, has discussed with several vendors and has prepared these findings to the committee:

1: AER are recommended for high volume facilities. At inception, we are projecting 1-5 cases per week. There is sufficient time to manually reprocess the endoscopes between cases.

2: Units are expensive, ranging from \$30K-\$50K each.

3: It is recommended that all Automatic Endoscope Reprocessors require "manual cleaning" prior to high-level disinfection.

4: Should the volume increase and the need become apparent, an Automatic Endoscope Reprocessor (AER) may be acquired, if the need is warranted. The Clean Work Room has sufficient space for one or more of these AER units. Plumbing and electrical is available. No significant alterations to the room need to be made; only a simple standpipe for the drain may be required.

A copy of the Endoscopy Reprocessing Protocol which is in the nursing Policy and Procedures has been submitted for review by the committee.

Infection Control & Quality Assurance will be ensured by the following:

1: Daily monitoring of high-level disinfectants/sterilants for Minimum Effective Concentrations by use of test strips. A log of the Minimum Effective Concentrations (MEC) will be kept.

COUNTS OF SPONGES, NEEDLES AND KNIFE BLADES (INVASIVE)

POLICY:

Sponge, needle and knife blade counts are at the discretion of the physician to account for all sharps used during a procedure.

PROCEDURE:

- A. Counts shall be made as follows: once prior to incision, as added to case, and before closure of incision.
- B. The scrub person and circulating person carry out counts concurrently. The circulating personnel documents and signs for the counts.
- C. Once the first count is taken, nothing should be removed from the operating room until after the final count.
- D. The circulating person informs the surgeon of the count status.
- E. If an item cannot be found:
 1. Inform the surgeon.
 2. Initiate an incident report.
 3. An X-ray should be taken to determine if the item is in the patient.
- F. For non-invasive procedures the above counts are not necessary.

205.230(b)

2/11/14 11:15 AM
Vera + Dr. Venzel
They don't have X-ray machine
will write a policy to send it
out

Quality Assurance/Quality Improvement

Special Meeting of the Board of Directors

August 20, 2012

Apollo Health Center, Ltd.

2750 S. River Rd.

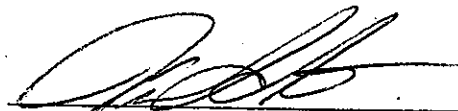
Des Plaines, IL 60018

Present: Vera Schmidt Chief of Operations, Nisha Patel, M.D. Medical Director, Vijay Goyal, M.D., Vinod Goyal, M.D., Sampath Chennamaneni, M.D.

This Special Meeting of the Board of Directors was called to order on: 8/20/12

Vinod K. Goyal, M.D. has been appointed to Acting Associate Medical Director. Dr. Goyal has admitting and practicing privileges at Lutheran General Hospital. He has signed an agreement to assume responsibility for the facilities' patients requiring hospitalization and his privileges at Lutheran General Hospital have been verified.

Having no further business, the meeting is adjourned.



Vera Schmidt, Chief of Operations



Nisha Patel, M.D., Medical Director

Quality Assurance/Quality Improvement

Special Meeting of the Board of Directors

January 7, 2014

Apollo Health Center, Ltd.

2750 S. River Rd.

Des Plaines, IL 60018


Present: Vera Schmidt Chief of Operations, Vinod Goyal, M.D., Vijay Goyal, M.D.,
Nisha Patel, M.D., Sampath Chennamaneni, M.D.

This Special Meeting of the Board of Directors was called to order on:
January 7, 2014 at 2:00pm

Dr. Nisha Goyal has stepped down from the position of Medical Director.

Vinod K. Goyal, M.D. has been appointed to the position. Dr. Goyal has admitting and
practicing privileges at Advocate Lutheran General Hospital. He has signed an
agreement to assume responsibility for the facilities' patients requiring hospitalization
and his privileges at Advocate Lutheran General Hospital have been verified.

Having no further business, the meeting is adjourned.



Vera Schmidt, Chief of Operations

Ambulatory Surgical Treatment Center Initial Licensure Application

D. Medical Staff (Continued)

Specialty	Name	License No
General Praticce	Vijay Goyal, M.D.	036-062651
Family Praticce	Nisha Patel, M.D.	036-124169
Gynecology	Vinod Goyal, M.D.	036-049046
Gynecology	Nicole Williams, M.D.	036-116334
Urology	Azher Quader, M.D.	036-076713
Urology	Gordon Gluckman, M.D.	036-090439
Gastroenterology	Arun Ohri, M.D.	036-063895
Gastroenterology	Paul Fharenbach, M.D.	036-078292
Gastroenterology	Steven Marshall, M.D.	036-046637
Anesthesia	Galina Pikovski, M.D.	036-098599
Anesthesia	Sampath Chennamaneni, M.D.	036-070672



Pat Quinn, Governor

525-535 West Jefferson Street • Springfield, Illinois 62761-0001 • www.idph.state.il.us

December 11, 2013

Ms. Vera Schmidt, Administrator
Apollo Health Center Ltd
2750 South River Road
Des Plaines, IL 60018-

Initial Licensure Survey

Re: Apollo Health Center Ltd
Des Plaines
New ASTC
IDPH No: 9763

Dear Ms. Schmidt:

On December 10, 2013, an initial licensure follow up inspection was conducted for the purpose of determining compliance with the requirements of the "Ambulatory Surgical Treatment Center Licensing Requirements" (77 Ill. Adm. Code 205) and the 2000 Edition of NFPA 101, Life Safety Code.

At this time, it has been determined that the above listed facility is in compliance with the physical environment requirements of the Act and Codes. It will be necessary for a nursing survey to be conducted prior to receiving the license. This recommendation has been forwarded to the Central Office Operations Section for the scheduling of the nursing survey. A license must be issued prior to treating patients.

If you have any questions about this approval, please do not hesitate to call us at 217-785-4264. The Department's TTY number is 800/547-0466, for use by the hearing impaired.

Sincerely,

A handwritten signature in black ink, appearing to read "Henry Kowalenko".

Henry Kowalenko, Division Chief
Division of Life Safety and Construction

Cc: Mr. David Schaefer
David A. Schaefer Architects PC
2500 S. Highland Avenue, Suite 340
Lombard, IL 60148-

Toni Colón - Deputy Director - IDPH

Karen Senger, Supervisor - Central Office Operations Section, IDPH

Improving public health, one community at a time

printed on recycled paper

RECEIVED OHCR HCF&P

2013 DEC 13 A 11:26



Future Facility Address:
2750 South River Road
Des Plaines, IL 60018

Mailing Address:
P.O. Box 1025
Arlington Heights, IL 60006

Business Office Phone: 847.255.7400 Fax: 847.398.4585

December 12, 2013

Sent Via UPS Express

Validation Unit
Illinois Department of Public Health
Division of Financial Services
535 West Jefferson Street
4th Floor
Springfield, IL 62761

To Whom It May Concern,

Enclosed please find an updated Ambulatory Surgical Treatment Center Initial Licensure Application for Apollo Health Center, Ltd. Please be advised that we have received an extension form IHFSRB for this project.

The site is not currently occupied by Apollo Health Center, Ltd. pending IDPH licensure. Please forward all correspondence to the following address:

P.O. Box 1025
Arlington Heights, IL 60006-1025

If you have any questions, please feel free to contact me at our business office at (847)255-7400 or via email at veras@officegci.com. If I happen to be unavailable via telephone, you can ask for my assistant, Jessica Bridgewater, at the same telephone number.

Sincerely,

Vera Schmidt
Administrator
Apollo Health Center, Ltd.

Enclosure



Ambulatory Surgical Treatment Center Initial Licensure Application

ASTC ID NUMBER:
PROGRAM CATEGORY - 86
Department Use Only

\$500 Application Fee

Pursuant to the Ambulatory Surgical Treatment Center Licensing Act (210 ILCS 5/1 et seq.) and the rules of the Department of Public Health entitled "Ambulatory Surgical Treatment Center Licensing Requirements" (77 Ill. Adm. Code 205).

1. FACILITY NAME/ADDRESS

Name of ASTC Apollo Health Center, Ltd.

Address 2750 South River Road

City Des Plaines County Cook State IL Zip Code 60018

Telephone Number (Area Code) 847-255-7400 Fax Number 847-398-4585 E-mail jessicab@officegci.com

2. OWNERSHIP AND MANAGEMENT

A. Type of Ownership of the ASTC

- Individual
- Partnership
- Other _____
- Association
- Corporation

RECEIVED OHCR HCF&P
2013 DEC 13 A 11:27

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER 210 ILCS 5/1 ET SEQ. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THIS HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.



Ambulatory Surgical Treatment Center Initial Licensure Application

B. If Individual-Partnership or Association-owned, list all persons who own the ASTC:

Name	Address
N/A	

C. Names under which persons in #2 do business (other than this ASTC)

Name	Business
N/A	

D. Corporate Ownership

(1.) Name of Corporation
 Apollo Health Center, Ltd.

(2.) Submit a copy of the Certificate of Incorporation (Identify as Exhibit I)

(3.) List title, name and address of each corporate officer.

Title	Name	Address
President	Vijay Goyal	[REDACTED]
Vice President	V. Goyal, V. Goyal, E. Barabas	[REDACTED]
Treasurer	Vinod Goyal	[REDACTED]
Secretary	Vijay Goyal	[REDACTED]



Ambulatory Surgical Treatment Center Initial Licensure Application

E. List name and address of each shareholder holding more than 5 percent of shares

Name	Address	Percent of Shares
Apollo Community Care, Ltd.	[REDACTED]	80%
Apollo Health Services, Ltd.	[REDACTED]	20%

F. For other than individual ownership, list the name and address of the Illinois registered agent or the person(s) legally authorized to receive service of process for the facility.

Name of Registered Agent	Address
Scott H. Reynolds	2 North LaSalle Street, Suite 1300, Chicago, IL 60602

G. List the names and addresses of all persons under contract to manage or operate the facility.

(Check here if not applicable).

Name	Address

H. Have any of the following been convicted of a felony or of two or more misdemeanors involving moral turpitude in the last five years? (If yes, attach explanation as Exhibit IA.)

- | | | |
|---|------------------------------|--|
| 1. Applicant | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. Any member of a firm, partnership or association | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. Any officer or director of a corporation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. Administrator or manager of ASTC | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |



Ambulatory Surgical Treatment Center Initial Licensure Application

3. ADMINISTRATION AND PERSONNEL

A. Administrator (Attach resume as Exhibit II.)

Name Vera Schmidt

Address 2750 South River Road, Des Plaines, IL 60018

Telephone Number 847-255-7400

License or Certification Number (if applicable) _____

B. Medical Director (Attach resume as Exhibit III)

Name Vinod K Goyal, M.D.

Address 2750 South River Road, Des Plaines, IL 60018

Telephone Number 847-255-7400

License Number 036.049046

C. Supervising Nurse (Attach resume as Exhibit IV)

Name Margaret Jannotta, R.N.

Address 2750 South River Road, Des Plaines, IL 60018

Telephone Number 847-255-7400

License Number 041.198775

D. Medical Staff: List specialty, name, and license number of each physician, podiatrist, or dentist granted privileges to perform surgical procedures in the center.

Specialty	Name	License No.
Anesthesia	Sampath Chennamaneni, M.D.	036-070672
Anesthesia	Anya Raskin, M.D.	036-097755
Gynecology	Faramarz Salimi, M.D.	036-045577
Gynecology	Vinod Goyal, M.D.	036-049046
Gastroenterology	Steven Marshall, M.D.	036-046637
Urology	Azher Quader, M.D.	036-076713
Urology	Gordon Gluckman, M.D.	036-090439



Ambulatory Surgical Treatment Center Initial Licensure Application

3. ADMINISTRATION AND PERSONNEL

A. Administrator (Attach resume as Exhibit II.)

Name Vera Schmidt

Address 2750 South River Road, Des Plaines, IL 60018

Telephone Number 847-255-7400

License or Certification Number (if applicable) _____

B. Medical Director (Attach resume as Exhibit III)

Name Nisha V. Patel, M.D.

Address 2750 South River Road, Des Plaines, IL 60018

Telephone Number 847-255-7400

License Number 036.124169

C. Supervising Nurse (Attach resume as Exhibit IV).

Name Margaret Jannotta, R.N.

Address 2750 South River Road, Des Plaines, IL 60018

Telephone Number 847-255-7400

License Number 041.198775

D. Medical Staff: List specialty, name, and license number of each physician, podiatrist, or dentist granted privileges to perform surgical procedures in the center.

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Gastroenterology	Steven Marshall, M.D.	036-046637
Urology	Azher Quader, M.D.	036-076713
Urology	Gordon Gluckman, M.D.	036-090439



Ambulatory Surgical Treatment Center Initial Licensure Application

D. Medical Staff (Continued)

Specialty	Name	License No.
General Practice	Vijay Goyal, M.D.	036-062651
Family Practice	Nisha Patel, M.D.	036-124169



Ambulatory Surgical Treatment Center Initial Licensure Application

E. Personnel: List position and/or classification; name, education, experience, professional licensure or certification

Position and/or Classification	Name	License Number, Registration, Certification, Education and Years Experience
Administrator	Vera Schmidt	24 Years
Registered Nurse	Margaret Jannotta, R.N.	29 Years; 041198775
Registered Nurse	Eva Banach, R.N.	24 Years; 041218525
Counselor/Medical Assistant	Catherine Bayani	8 Years
Medical Assistant	Avery Habel	4 Years
Medical Assistant	Sylwia Wantuch	3 Years
Cashier	Jayne Blameuser	36 Years
POC/Orderly	Eugene Jaworski	17 Years
Lab Technician	Luzvida Echiverri	22 Years
Ultrasound Technician	Olga Kublanova	8 Years
Medical Records	Marisela Stevens	16 Years



Ambulatory Surgical Treatment Center Initial Licensure Application

E. Personnel: (Continued)

Position
and/or
Classification

Name

License Number, Registration,
Certification, Education, and
Years Experience

Position and/or Classification	Name	License Number, Registration, Certification, Education, and Years Experience



Ambulatory Surgical Treatment Center Initial Licensure Application

4. FACILITIES, SERVICES AND PROCEDURES

The following must be included with the initial application:

- A. A narrative of the facility including but not limited to interviewing, examination, surgical and recovery room facilities. (Identify as Exhibit V)
- B. A description of services to be provided by the facility including a list of surgical procedures to be performed subject to approval in accordance with the requirements of Section 205.130. (Identify as Exhibit VI)
- C. Documentation of compliance with Section 205.350, Laboratory Services. (Identify as Exhibit VII)
- D. A copy of the transfer agreement with a licensed hospital within approximately 15 minutes travel time of the facility or other documentation demonstrating compliance with Section 205.540(d). (Identify as Exhibit VIII)
- E. A copy of the organizational plan of the facility (see Section 205.220). (Identify as Exhibit IX)
- F. Schematic architectural plans (or evidence of prior submission). (Identify as Exhibit X)
- G. Documentation of a permit as required by the Illinois Health Facilities Planning Act. (20 ILCS 3960/1 et. seq.) (Identify as Exhibit XI)
- H. Documentation of compliance with all applicable local building, utility and safety codes. (Identify as Exhibit XII)



Ambulatory Surgical Treatment Center Initial Licensure Application

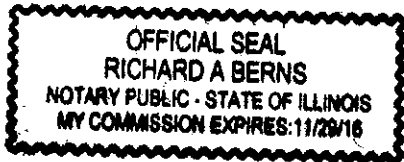
5. VERIFICATION

I (we) swear or affirm that this application and accompanying documents are true and complete. I (we) further certify that I (we) have knowledge of and understand the action required to comply with the Act and licensing requirements.

Signed *[Signature]* Signed *[Signature]*

Title Administrator Title Medical Director

Signed and Sworn (or attested) to before me this 10TH day of DEC 2013



[Signature]
Notary Public

My commission expires Nov 29 2016

SUBMIT APPLICATION AND FEE TO:
VALIDATION UNIT
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF FINANCIAL SERVICES
535 WEST JEFFERSON STREET, 4th Floor
SPRINGFIELD, ILLINOIS 62761



Ambulatory Surgical Treatment Center Initial Licensure Application

APPLICATION ADDENDUM

This addendum must be completed as part of the following program/facility applications:

Ambulatory Surgical Treatment Center

Home Health Agency

Hospice Program

Hospital

Section 10-65(c) of the Illinois Administrative Procedure Act, 5 ILCS 100/10-65(c), was amended by P.A. 87-823, and requires individual licensees to certify whether they are delinquent in payment of child support.

APPLICANT IS AN INDIVIDUAL (SOLE PROPRIETOR)

Yes No

The following question must be answered only if the applicant is an individual (sole proprietor):

I hereby certify, under penalty of perjury, that I am am not (chek one) more than 30 days delinquent in complying with a child support order.

Signed: _____

Date: _____

**FAILURE TO SO CERTIFY MAY RESULT IN A DENIAL OF THE LICENSE AND MAKING A FALSE STATEMENT
MAY SUBJECT THE LICENSEE TO CONTEMPT OF COURT.**

(5 ILCS 100/10-65-(c))



Ambulatory Surgical Treatment Center Initial Licensure Application

ASTC Initial Licensure Application Checklist

- Completed application
- Articles of Incorporation
- Administrator's Resume
- Medical Director's Resume
- Supervising Nurse's Resume
- List of Medical staff
- Separate list of Personnel staff
- Narrative Description of facility
- Surgical Procedures and services provided
- Lab Services (Section 205.330)
- Transfer Agreement, etc. (Section 205.540(d))
- Organizational plan
- CON (Certificate of Need)
- Local Building, utility and safety codes
- License fee of \$500

666B-9611

This space for use by
Secretary of State

FILED

DEC 11 2009

JESSE WHITE
SECRETARY OF STATE

Date	
Franchise Tax	\$ 25.00
Filing Fee	\$ 150.00
Approved:	WJ MS

**ARTICLES OF INCORPORATION
OF
APOLLO HEALTH CENTER, LTD.**

TO: Jesse White, Secretary of State of Illinois:

Pursuant to the provisions of The Illinois Business Corporation Act of 1983, as amended (the "Act"), the undersigned incorporator hereby adopts the following Articles of Incorporation:

Article I

CORPORATE NAME

The name of the corporation shall be APOLLO HEALTH CENTER, LTD.

Article II

REGISTERED AGENT

The initial registered agent of the corporation shall be Scott H. Reynolds, and the initial registered office of the corporation shall be at 2 N. LaSalle, Suite 1300, Chicago, Cook County, Illinois 60602.

Article III

ORGANIZATIONAL PURPOSE

The corporation is organized for the purpose of engaging in any lawful act or activity for which corporations may be organized under The Illinois Business Corporation Act of 1983, as amended.

Article IV

SHARES

Paragraph 1. The authorized shares, issued shares and consideration received therefor shall be:

<u>Class</u>	<u>Par Value Per Share</u>	<u>No. Shares Authorized</u>	<u>No. Shares Issued</u>	<u>Consideration Received</u>
Common	None	10,000	1,000	\$1,000

Paragraph 2. The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are: NONE

Article V

DIRECTORS

(Optional)

The initial number of directors constituting the initial board of directors of the corporation shall be _____ members.

The names and addresses of the persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualify are:

Name

Residential Address

Article VI

PAID IN CAPITAL

(Optional)

It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$ _____

It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$ _____

It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$ _____

It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$ _____

Article VII

OTHER PROVISIONS

Provisions relating to the authorization of preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual are (all Article and Section references are to the Act):

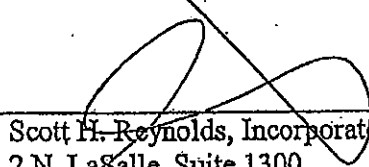
Pursuant to the authority of Sections 10.20(d), 11.20(b), 11.60(e) and 12.15 (d), the approval of an Organic Event (as hereinafter defined) shall require (i) the affirmative vote of the holders of (A) a majority of the outstanding shares entitled to vote on the matter and (B) a majority of the outstanding shares of each class or series of shares entitled to vote on the matter as a class and (ii) such other action as is prescribed by the Act and, to the extent not inconsistent therewith, by the by-laws of the Corporation.

An Organic Event means (I) any amendment to these articles which cannot be made pursuant to Section 10.10 or Section 10.15, (II) any merger, consolidation or share exchange described in Article 11 to which Section 11.20(a) applies, (III) any sale, lease or exchange of assets other than in the usual and regular course of business described in Section 11.60, and (IV) any voluntary dissolution by vote of the shareholders described in Section 12.15.

* * *

The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in these Articles of Incorporation are true.

Dated: December 10, 2009



Scott H. Reynolds, Incorporator
2 N. LaSalle, Suite 1300
Chicago, Illinois 60602

Vera Schmidt

[REDACTED]
[REDACTED]
[REDACTED]

Education

University of Illinois/Medical Center 1985-1986
Chicago, IL

- M.T., A.S.C.P., and C.T., N.C.A., Bachelor's Degree of Science

Oakton Community College 1981-1984
Des Plaines, IL

- Medical Laboratory Technology
- M.L.T., A.S.C.P. and N.C.A
- Associate Degree In Applied Science
- Associate Degree In Liberal Arts

Work Experience

Apollo Health Center 2010-Present
Des Plaines, IL

- Administrator. Responsible for all administrative aspects at the facility.

A.H. Employee Company 2003-Present
Arlington Heights, IL

- Lab Technical Consultant. Responsible for technical and scientific oversight of several CLIA certified laboratories.

Dimensions Medical Center 1990-2007
Des Plaines, IL

- Associate Executive Director. Responsible for acquisition and maintenance of accreditation/licensure of the facility with various regulatory agencies. Negotiated contracts for professional services. Responsible for licensure maintenance, quality control and staff of laboratory.

Dimensions Medical Center 1989-1990
Des Plaines, IL

- Laboratory Director. Responsible for licensure maintenance, quality control and staff of laboratory.

St. Francis Hospital 1986-1989
Evanston, IL

- Medical Technologist.

Resurrection Hospital 1985-1986
Evanston, IL

- Medical Lab Technologist.

Roche BioMedical Laboratories 1984-1985
Evanston, IL

- Medical Lab Technologist.

Nisha V. Patel, M.D.

16101 S. Halsted Road,
Chicago, IL 60648

EDUCATION:

University of Illinois 2000 - 2003
Urbana-Champaign, IL
B.S. in Economics, Spanish, and Pre-med

Saint James School of Medicine 2004 - 2007
Bonaire, Netherlands Antilles
Doctorate of Medicine

GRADUATE MEDICAL EDUCATION

Saint Joseph Hospital 2007 - 2010
Family Medicine Residency Program
Chicago, IL

BOARD CERTIFICATION AND MEDICAL LICENSURE

Board Certified in Family Medicine Passed December 2010
Licensed physician in the state of Illinois: License number 036.124169

FACULTY APPOINTMENTS

Feinberg School of Medicine, Northwestern University March 2011- present
Faculty, Department of Family Medicine

HOSPITAL/CLINIC APPOINTMENTS

Apollo Health Center, Des Plaines, IL Upon Licensure
Outpatient Clinic Physician

Northwest Community Hospital, Arlington Heights, IL August 2010-present
On Staff Physician, Department of Family Medicine

Saint Alexius Hospital, Hoffman Estates, IL August 2010-present
On Staff Physician, Department of Family Medicine

Alexian Brothers Hospital, Elk Grove, IL August 2010-present
On Staff Physician, Department of Family Medicine

ADMINISTRATIVE APPOINTMENTS

Executive Chief Resident, Saint Joseph Hospital 2009-2010
Responsibilities included overseeing OB/GYN, family practice, podiatry and general surgery chief residents, creating moonlighting schedule, payroll, organizing medical ethics conferences, organizing interdepartmental events and activities

Team Leader, Global Health Ministry Peru Mission November 2009

Clinical Director, American Health Center, Arlington Heights August 2010-present

COMMITTEE SERVICE

Graduate Medical Education Committee Resident Representative 2009-2010
Saint Joseph Hospital

Medical Ethics Committee Leader 2009-2010
Saint Joseph Hospital

AWARDS, HONORS, DISTINCTIONS

Intern of the Year Award June 2008
Saint Joseph Hospital

Roger Nosal, M.D. Leadership Award, Nominee June 2010
Saint Joseph Hospital

PROFESSIONAL SOCIETY MEMBERSHIPS

American Medical Association
Chicago Medical Society
American Academy of Family Physicians

PROFESSIONAL AND SCIENTIFIC SERVICE

Global Health Ministry, Peru division November 2009
Medical relief work in rural areas of Peru
Set up travelling clinic and saw over 60 patients per day

TEACHING

Conference Leader, Medical Ethics Committee 2009-2010
Saint Joseph Hospital

Conference Leader, Seton Family Health Center 2009-2010
Responsible for teaching and evaluating 3rd and 4th year UIC medical students rotating at Seton Family Health Center for their family medicine rotation.

Clinical Educator/Team Leader, Global Health Ministry, Peru
Responsible for teaching residents, nurses and medical assistants medical protocols

November 2009

PRESENTATIONS:

ENT for the PCP
Saint Joseph Hospital

October 2007

GERD: Diagnosis and Management
Saint Joseph Hospital

April 2008

Difficult Cases in Medical Ethics
Saint Joseph Hospital

March 2009

HPV: A Review and Update in Diagnosis and Management
Saint Joseph Hospital

February 2010

Global Health Ministry & Resurrection Health Care: Two Missions, One Goal: Helping Others May 2010
An ACGME Cultural Competency & Community Service Project
Saint Joseph Hospital Research Day



Marge L. Jannotta, R.N.

OBJECTIVE

To obtain a position in a medical environment utilizing my educational and professional background.

QUALIFICATION SUMMARY

- Over 11 years of experience in the medical field
- - Recipient of the Luther Christman Excellence in Nursing Award
- Extremely capable of handling multiple tasks within a busy work environment.

CAREER EXPERIENCE

August 2011 – Present

Apollo Health Center, Ltd.
Nursing Supervisor

Des Plaines, IL

Des Plaines, IL

August 2006 – August 2011

Dimensions Medical Center
Nursing Supervisor

Des Plaines, IL

2005-2006

Dimensions Medical Center
Staff Nurse

Rush Presbyterian St. Luke Hospital
Staff Nurse

Chicago, IL

- Primary nursing in surgical unit including ICU step-down unit, cardiac monitoring, chemotherapy, heavy post-op patients.
- Frequent charge nurse and preceptor
- Recipient 1986 Luther Christman Excellence in Nursing Award

EDUCATION BACKGROUND

Rush Presbyterian St. Luke School of Nursing
BSN

Harper College
Associates Degree
Trustee Honor Roll, 2 years

1999

Nursing update with 56 CEU's

Exhibit V

The facility is located at 2750 South River Road, Des Plaines, Illinois 60018. Hours of operation will be open 7:00 a.m. until 4:00 p.m. Monday, Tuesday, Thursday, Friday and Saturday. The facility will offer Gynecology, Urology and Gastroenterology services.

Upon licensure by the Illinois Department of Public Health, a qualified Physician will be present in the facility at all times during the operative and post-operative period for all patients, and a minimum of one (1) qualified Registered Nurse will be on duty at all times when surgical patients are in the building.

Patients and visitors arrive in the facility from an ADA accessible entryway into the reception area/waiting room. There is also an ADA accessible male/female lavatory near the waiting area for visitors' use.

The reception area will be staffed during all hours the facility is open. Individuals who are responsible for clerical, admissions, cashiering, data processing and pre-operative counseling will staff this area.

Patient charts will be kept in locking storage cabinets in the Reception area.

There will be a CLIA certified, (moderately complex) laboratory which will perform in-house testing.

The Lab Director and Technical Consultant will oversee the lab, which will be staffed with Medical Technologists and/or Lab Assistants. The lab will receive urine samples through a "pass thru" door from the adjacent lavatory.

Ultrasound services will be provided in the exam/ultrasound room located next to the lab. A trained technician will provide ultrasound services.

Private interview/counsel space will be available in office/counseling rooms.

The facility has been designed to ensure "one-way" traffic pattern flow of patients. They will enter the surgical suite through one entrance and return to the waiting room from another.

Staff will change into scrubs in the Staff Gown Room which will have lockers, scrubs and other operating room attire. A lavatory and staff lounge will be located near this area.

Patients will change from street clothing into clean gowns in the Patient Change Area. There are lockers in this area for the patients. They will then enter the surgical hallway. When discharged, they will enter the Patient Change Area directly from the Recovery Room.

The facility contains two operating rooms. Two complete scrub stations are also provided in the surgical area.

There are three examination rooms. Each examination room contains a scrub sink.

Clean materials will be assembled within the clean work/supply room prior to use in the surgical suite. The clean work area contains counters, a sink, and storage space for clean and sterile supplies. Autoclaves and cold sterilization will be located within this area.

In the Soiled Work Room, there will be a fully equipped work counter, sink and waste receptacles, along with storage cabinets. Biohazard waste will be disposed of in biohazard containers and collected by a qualified medical waste hauler weekly.

Narcotics will be stored in a double locked cabinet. Flammable anesthetics are prohibited. Nitrous Oxide and an Oxygen supply will be secured and stored in the Oxygen Storage Closet.

Two janitor closets will contain a floor receptor and storage space. Cleaning supplies will be kept in a storage closet inside the janitor's closet.

The Recovery Room will contain a nursing control station that provides for direct visual supervision of the recovery area for all patients. Charting and drug distribution services will also be handled from this station. A locked pharmaceutical storage cabinet will be provided. A scrub station with elbow activated faucets will be provided in this area. Two lavatory rooms will be provided solely for the use of recovering patients. The Recovery Room will be equipped with eight (8) recliner type chairs/full-sized beds for maximum patient post-operative recuperation. A beverage/snack station with pre-packaged items will also be provided in the Recovery Room.

An emergency ambulance exit is available through the corridor from the surgical area. The Medical Director of the facility will have admitting privileges to a hospital less than 15 minutes away.

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Procedure Code	Description
43200	Esophagoscopy, diagnostic, with or without collection of specimen(s) by brushing or washing
43202	Esophagoscopy with biopsy, single or multiple
43204	Esophagoscopy with injection sclerosis of esophageal varices
43216	Esophagoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43227	Esophagoscopy with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
43231	Esophagoscopy with endoscopic ultrasound examination
43234	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)
43235	Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43245	Upper gastrointestinal endoscopy with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)
45000	Transrectal drainage of pelvic abscess
45005	Incision and drainage of submucosal abscess, rectum
45100	Biopsy of anorectal wall, anal approach (eg, congenital
45300	Proctosigmoidoscopy, rigid: diagnostic, with or without collection of specimens(s) by brushing or washing (separate
45305	Proctosigmoidoscopy with biopsy, single or multiple
45308	Proctosigmoidoscopy with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	Proctosigmoidoscopy with removal of single tumor, polyp, or other lesion by snare technique
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45331	Sigmoidoscopy with biopsy, single or multiple
45333	Sigmoidoscopy with removal of foreign body
45334	Sigmoidoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45335	Sigmoidoscopy with directed submucosal injections(s), any substance
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45380	Colonoscopy with biopsy, single or multiple
45381	Colonoscopy with directed submucosal injection(s), any
45382	Colonoscopy with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma

Procedure Code	Description
45383	Colonoscopy with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	Colonoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps, bipolar cautery
45385	Colonoscopy with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
49320	Laparoscopy, abdomen, peritoneum, and omentum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
52000	Cystourethroscopy (separate procedure)
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
50007	Cystourethroscopy, with biopsy(s)
52204	Cystoscopy, with biopsy
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included)
53240	Marsupialization of urethral diverticulum, male or female
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple;
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; older than 28 days of age
54162	Lysis or excision of penile post-circumcision adhesions
54163	Repair incomplete circumcision
55200	Vasotomy, cannulization with or without incision or vas, unilateral or bilateral (separate procedure)
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)

Procedure Code	Description
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of Bartholin's gland abscess
56440	Marsupialization of Bartholin's gland cyst
56441	Lysis of labial adhesions
56442	Hymenotomy, simple incision
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion
56700	Partial hymenectomy or revision of hymenal ring
56740	Excision of Bartholin's gland or cyst
56821	Colposcopy of the vulva with biopsy(s)
57000	Colpotomy; with exploration
57010	Colpotomy; with exploration with drainage of pelvic abscess
57020	Colpocentesis (separate procedure)
57022	Incision and drainage of vaginal hematoma;
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	Biopsy of vaginal mucosa; simple (separate procedure)
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57120	Colpocleisis (Le Fort type)
57135	Excision of vaginal cyst or tumor
57410	Pelvic examination under anesthesia (other than local)
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)
57513	Cautery of cervix; laser ablation
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
58120	Dilation and curettage, diagnostic and/or therapeutic
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58555	Hysteroscopy, diagnostic (separate procedure)
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	Hysteroscopy, with lysis of intrauterine adhesions (any method)
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)

Procedure Code	Description
58600	Ligation or transecton of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip or Falope ring)
58740	Lysis of adhesions (salpingolysis, ovariolysis)
59812	Treatment of incomplete abortion, any trimester, completed surgically
59820	Treatment of missed abortion, completed surgically; first trimester
59821	Treatment of missed abortion, completed surgically; second trimester
59830	Treatment of septic abortion, completed surgically
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and evacuation
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin)with or without cervical dilation (eg, laminaria), with dilation and curettage and/or evacuation
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin)with or without cervical dilation (eg, laminaria), with hysterotomy (failed medical evacuation)
59870	Uterine evacuation and curettage for hydatidiform mole

Exhibit VII

This is to certify that Apollo Health Center, Ltd. will be in compliance with "Section 205.350, Laboratory Services."

Sincerely,

A handwritten signature in black ink, appearing to read 'Vera Schmidt', written in a cursive style.

Vera Schmidt
Administrator



Future Facility Address:
2750 South River Road
Des Plaines, IL 60018

Mailing Address:
P.O. Box 1025
Arlington Heights, IL 60006

Business Office Phone: 847.255.7400 Fax: 847.398.4585

January 16, 2012

Sent UPS Express

Kevin Fergusson
Validation Unit
Division of Financial Services
Illinois Department of Public Health
535 West Jefferson Street
4th Floor
Springfield, IL 62761

RECEIVED OHCR HCF&P
2012 JAN 17 P 1:13

Dear Mr Fergusson,

As per your email on January 10, 2012, enclosed please find the signed contract with Genesis Clinical Laboratory.

Please contact me at 847-255-7400 or by email at veras@officegci.com if you have any questions.

Thank You,

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

Vera Schmidt
Administrator
Apollo Health Center, Ltd.



SERVICES AGREEMENT

VHS Genesis Labs, Inc. doing business as Genesis Clinical Laboratories (GCL), with offices at 3231 South Euclid Avenue, Berwyn IL 60402, and Apollo Health Center Ltd. (client) with offices at 2750 S. River Road, Des Plaines, IL. 60018

enter into this Agreement for the provision of clinical laboratory testing services by GCL pursuant to orders by Client.

Client represents that all orders for testing to be performed by GCL hereunder shall be ordered by qualified practitioners of a healing art who are authorized under applicable state law to order clinical anatomical pathology tests.

GCL and Client hereby agree as follows:

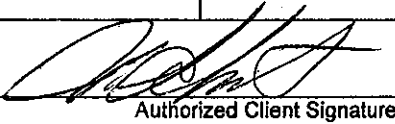
1. **Client Information:** Client's principal contact person and telephone number are: **Vera Schmidt 847-255-7474**
2. **Pricing:**
 - 2.1 The effective date of the pricing set forth below and in any attachments hereto is the date written below. GCL hereby grants the discount shown below on all procedures ordered by Client, except said discount shall not apply to test(s) listed below under "Special Prices" or to any tests that are non-discountable.
 - 2.2 - GCL reserves the right to change (I) any of the Special Prices on the anniversary date of the effective date set forth below. GCL shall give Client reasonable advance notice of any pricing changes. GCL's failure or delay to notify Client of said price adjustment shall not constitute a waiver of the right to any adjustment provided for in this Agreement.
3. **Billing Information:** Client agrees to provide GCL with all appropriate and necessary information to allow and enable GCL to bill Client, Client's patients or any GCL-approved third party payer on behalf of Client's patients. Such information shall include, without limitation, patient demographic and insurance information, and ICD-9 diagnosis codes and chief complaint and symptoms that are appropriate for procedures ordered by Client, and shall be provided to GCL simultaneously with each Client order for testing, but in no event later than the time each specimen is submitted to GCL for testing. Client shall provide GCL with accurate instructions with respect to whom GCL is to bill for its services. i.e., Client, patient, or a GCL-approved third party payer. Whenever Client has reason to believe that Medicare will deny procedures ordered by Client for a Medicare patient as medically unnecessary, Client agrees to obtain a signed Advance Beneficiary Notice ("ABN") from the Medicare patient at the time a specimen is collected from the patient. If the ABN is not obtained, Client will be billed for all non-medically necessary tests performed. If any of the information provided by Client pursuant to this Section 3 is incomplete or inaccurate in any respect such that the lack of information results in a denial of payment of the invoice submitted by GCL, Client will be responsible for payment of the full amount of the invoice within the time frame specified in the Payment paragraph below.
4. **Term:** This Agreement shall commence on the effective date of pricing shown below and shall continue for a term of 1 year. This Agreement may be renewed for additional terms of one (1) year each upon the mutual written agreement of the parties. This Agreement may be terminated as described below.
5. **Terms and Condition on Reverse Side:** Client agrees that the terms and conditions printed on the reverse side of this agreement are incorporated into this Agreement by reference and that Client agrees to be bound by and to adhere to them.

Sales Representative: Jen Fuja Fee Schedule: Same as Acct #11998

Account Numbers:	11998			
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SPECIAL PRICES

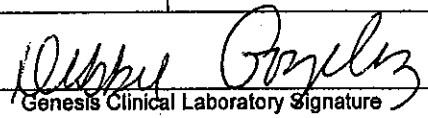
Test Code	Test Name	Price



Authorized Client Signature

Vera Schmidt

Print Name



Genesis Clinical Laboratory Signature

Debbie Gonzalez

Print Name

Administrator

Title

1/13/12

Date

Business Director

Title

01/13/2012

Date

Internal Use Only

TERMS AND CONDITIONS

Billing Statement. For services rendered by GCL hereunder and billed to Client, GCL shall send Client an invoice monthly or at another schedule mutually agreed upon in writing, which shall show current charges, any past due amounts, any late charges and any other charges. GCL's invoice shall reflect any discounts and special prices granted to Client in each line item on GCL's invoice.

Reporting Charges. Client represents and warrants that it will accurately report any charges (including discounts and special prices) made by GCL to Client hereunder to any third party payer (public or private) to which Client submits cost reports or similar reports, which include or are based on GCL's charges to Client.

Access to Records. For the purpose of implementing Section 1861 (v) (1) (I) of the Social Security Act, as amended, and any written regulation thereto, GCL and Client agree to comply with said statutory and regulatory requirements governing the maintenance of documentation to verify the cost or value of services rendered under this Agreement.

Payment. Client agrees to pay GCL within thirty (30) days of the date of each GCL invoice. If any payment by Client is not made within said thirty (30) days, it shall bear interest at the rate of eighteen percent (18%) per annum until paid. Payments shall be delivered or mailed to GCL at the address shown on GCL's invoice. GCL will charge and Client agrees to pay GCL a fee of \$25.00 for any check, money order or other instrument that is dishonored for any reason.

Disputes. Client agrees to review each GCL invoice within fifteen (15) days of the date of the invoice. If Client disputes any charge on a GCL invoice, Client agrees to notify GCL of such dispute as soon as possible, but in any event no later than twenty (20) days of the date of such invoice. Client and GCL shall resolve such disputes as amicably and expeditiously as possible. If the dispute is resolved in Client's favor, GCL shall credit the disputed amount on the next invoice GCL sends to Client. If the dispute is resolved in GCL's favor, Client shall pay the disputed amount in accordance with the paragraph captioned "Payment" above. Client hereby waives any and all existing and future claims and offsets against any payments due hereunder and agrees to pay all amounts hereunder regardless of any offset or claim which may be asserted by Client or on its behalf.

Termination; Liquidated Damages; Return of GCL Equipment. Notwithstanding anything to the contrary in the Agreement, if Client does not pay GCL in accordance with the terms of this Agreement, GCL may, in its sole discretion, terminate this Agreement or cease providing services to Client by giving Client written notice of such termination at least five (5) business days prior to the effective date of the termination of this Agreement or of GCL's discontinuance of providing services hereunder. If Client defaults in fulfilling any of its obligations under the Agreement other than Client's timely payment of a monetary obligation, then GCL may serve written notice upon Client specifying the nature of said default. Upon the expiration of thirty (30) days following the giving of such notice, if Client (i) has failed to cure such default or (ii) in the case of a default which by its nature cannot be completely cured within said thirty (30) day period, does not deliver to GCL assurances reasonably satisfactory to GCL that Client will promptly cure such default, and Client does not thereafter undertake to cure such default, then GCL may declare this Agreement to be in default and may terminate the Agreement immediately. In addition, this Agreement may be terminated by either party hereto, with or without cause, with thirty (30) days prior written notice to the other party hereto. Client's obligation to pay GCL any outstanding amounts owed by Client to GCL shall survive any termination or expiration of this Agreement. If this box is checked , then the liquidated damages provision attached hereto as Schedule 1 shall be applicable to the Agreement between Client and GCL and shall be incorporated into the Agreement by this reference.

Equipment. In the event that any GCL equipment is provided to Client in connection with this Agreement, such equipment will be identified on Exhibit A, attached to this Agreement and incorporated herein by reference. Client agrees to use the equipment only at the address set forth in the first paragraph hereof and shall not at any time remove the same from said location. Client shall use the equipment and any data lines or other supplies provided in conjunction with the equipment only in connection with the services to be provided by GCL pursuant to this Agreement, which shall include ordering, receiving, and checking on lab results, and for no other purposes. The equipment shall be subject to inspection by GCL at any time. Client shall use the equipment at all times in a careful, proper, and workmanlike manner and in such manner as will not injure the equipment except for the reasonable ordinary wear and tear of such equipment. Client shall notify GCL immediately if the equipment requires repair, and such repairs shall be made at the expense of GCL unless caused by the negligence of Client, in which case Client shall reimburse GCL for all expenses incurred in connection with such repairs immediately upon receipt of an invoice therefrom from GCL. In the use of the equipment, Client shall comply fully with all the laws of the State of Illinois and with all county and/or municipal ordinances. Upon GCL's demand, Client shall prominently affix to the equipment labels, plates, or other markings supplied by GCL, stating that the equipment is owned by GCL. Client shall not make any alterations, additions or improvements to the equipment, without the prior written consent of GCL. All additions and improvements made to the equipment shall belong to and become the property of GCL upon the termination or expiration of this Agreement. The parties agree that THERE ARE NO EXPRESS WARRANTIES, OTHER THAN ANY APPEARING IN THIS AGREEMENT, AND THERE ARE NO IMPLIED WARRANTIES, EITHER OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, IN CONNECTION WITH THE PROVISION OF THE EQUIPMENT. Notwithstanding anything to the contrary set forth herein, in the event of expiration or termination of this Agreement, all equipment provided to Client by GCL shall be promptly returned to GCL in the same condition delivered to Client.

Collection. If Client does not pay GCL, as provided hereinabove, GCL reserves the right to refer Client to a collection agency or an attorney-at-law to collect amounts owed by Client to GCL. Client shall reimburse GCL, upon receipt of an invoice, for any expenses incurred by GCL as a result of any such referral. Such expenses include, but are not limited to, reasonable attorneys' fees and court costs.

Legislative and/or Regulatory Changes. In the event that Federal, State or local statutes, rules, ordinances, guidelines or interpretations restrict or substantially affect or change 1) the method of reimbursement or payment of services under the Agreement, or 2) either party's reimbursement under any government program, such as Medicare or Medicaid, this Agreement shall in good faith be amended by the parties to provide for payment or compensation hereunder, that is acceptable to the party or parties affected by such restriction or change. Such amendments shall be negotiated and finalized within thirty (30) days after one party notifies the other party in writing of the above described restriction or change. If the parties are unable to negotiate and finalize such amendments within said thirty (30) day period, either party may immediately terminate said Agreement by giving written notice of termination to the other party, which termination shall be effective ten (10) days after the giving of such notice.

Indemnification. Each party hereby agrees to fully, completely and unconditionally indemnify, defend and hold the other party and such other party's directors, officers, employees, agents and affiliates harmless from and against any and all claims, actions, liabilities, costs and expenses (including, without limitation, costs of judgments, settlements, court costs and attorneys' fees) arising out of or relating to, or alleged to arise out of or relate to, negligent or intentional acts or omissions of the indemnifying party or any failure by the indemnifying party to perform any obligation or covenant of the indemnifying party under this Agreement.

Independent Contractor. GCL is performing the services and duties required hereunder as an independent contractor and not as an employee, agent, partner of, or joint venturer with Client.

Compliance with Laws. At all times during the term of this Agreement, all services shall be performed in accordance with all applicable standards established by law or ordinance, or established by the rules and regulations of any federal, state, or local agency, department, commission, association, or other pertinent governing, accrediting, or advisory body having the authority to set standards for offices maintained by health care providers and each of the parties shall act in conformance with all of such applicable standards, laws, rules, and regulations.

Waiver; Binding Effect. A waiver or failure by GCL to enforce any of its rights under this Agreement shall not operate as a waiver of any future rights GCL has hereunder. Nothing contained in the Agreement shall be construed to permit the assignment by Client of any rights or obligations hereunder, and such assignment is expressly prohibited without the prior written consent of GCL. GCL may assign this Agreement without the consent of Client. Subject at all times to the foregoing restriction, this Agreement shall be binding upon and inure to the benefit of any successor or permitted assign of either of the parties hereto.

TERMS AND CONDITIONS Cont'd

Governing Law. This Agreement, and its interpretation and all transactions made in connection with it shall be governed by the laws of the State of Illinois.

Amendments. This Agreement may not be amended, modified or changed except in writing and signed by both parties hereto.

Captions. The captions used in this Agreement are for convenience only and shall not affect the meaning, interpretation or construction of any term, provision or condition of this Agreement.

SCHEDULE 1

LIQUIDATED DAMAGES

GCL and Client agree and acknowledge that in the event of a default by Client, as described in the Agreement or a termination without cause by Client, the damages that will be incurred by GCL as a result of such default or early termination shall be difficult or impossible to ascertain with specificity. Accordingly, Client and GCL hereby agree to the following liquidated damages provisions, not as a penalty. In the event of a default, Client agrees to pay the amount stipulated below no later than thirty (30) days after demand from GCL, or in the event of termination without cause, no later than thirty (30) days after the effective date of such termination, and further agrees that these provisions regarding liquidated damages are reasonable in light of the circumstances of this Agreement and are not greatly disproportionate to the presumed injury or loss arising or resulting from such Client default or termination. The liquidated damages amount to be paid pursuant to this paragraph shall be the sum of the liquidated damages for equipment provided to Client plus the liquidated damages for the test orders, described as follows:

Damages shall be: \$__0

ADDENDUM TO SERVICE AGREEMENT

Genesis Clinical Laboratory agrees to provide client with the supplies listed on the attached supply order form as long as the OIG does not prevent laboratories from supplying physician offices with the listed items.



APOLLO
HEALTH CENTER, LTD.

Business Office Phone: 847.255.7400 Fax: 847.398.4585

Future Facility Address:
2750 South River Road
Des Plaines, IL 60018

Mailing Address:
P.O. Box 1025
Arlington Heights, IL 60006

January 5, 2012

Sent UPS Express

Kevin Fergusson
Validation Unit
Division of Financial Services
Illinois Department of Public Health
535 West Jefferson Street
4th Floor
Springfield, IL 62761

RECEIVED CHCR HCF&P
2012 JAN - 6 A 11: 09

Dear Mr Fergusson,

As per our phone conversation on Thursday, January 5, 2012, enclosed please find the requested lab service agreement with Genesis Clinical Laboratory and the Certificate of Use and Occupancy from the City of Des Plaines. We plan on applying for a moderately complex CLIA Certificate once we are closer to project completion. We will send you the documentation at that time.

Please contact me at 847-255-7400 or by email at veras@officegci.com if you have any questions.

Thank You,

Vera Schmidt
Administrator
Apollo Health Center, Ltd.

CITY OF DES PLAINES
DEPARTMENT OF COMMUNITY DEVELOPMENT
BUILDING AND CODE ENFORCEMENT
(847)391-5380

CERTIFICATE OF USE AND OCCUPANCY

Permit Number: 03050171 Permit Type: COM-ALTER
Kind/Use: BUSINESS
Parcel Address: 2750-2772 RIVER RD
Applicant: ALBANY BANK & TRUST Owner Address: 2750-2772 RIVER ROAD

THIS IS TO CERTIFY that examination has been made and that such examination is in accordance with the conditions of the permit issued for such work, that all required inspections have been conducted and that the premises are now ready for use and occupancy.

PROVIDED, however that nothing contained in this Certificate of Use and Occupancy shall be deemed as a waiver by the City of Des Plaines to proceed against the contractors involved in the erection, enlargement or alteration of the aforesaid premises or any component part(s) thereof with respect to any latent defects in the premises which may hereafter be discovered.

APPROVED FOR USE/OCCUPANCY

Luoy Mak (for) 2-4-04
Deputy Director of Community Development Date issued

Permits required for further improvements



SERVICES AGREEMENT

VHS Genesis Labs, Inc. doing business as Genesis Clinical Laboratories (GCL), with offices at 3231 South Euclid Avenue, Berwyn IL 60402, and Apollo Health Center Ltd. (client) with offices at 2750 S. River Road, Des Plaines, IL. 60018

enter into this Agreement for the provision of clinical laboratory testing services by GCL pursuant to orders by Client.

Client represents that all orders for testing to be performed by GCL hereunder shall be ordered by qualified practitioners of a healing art who are authorized under applicable state law to order clinical anatomical pathology tests.

GCL and Client hereby agree as follows:

1. **Client Information:** Client's principal contact person and telephone number are: Vera Schmidt 847-255-7400

2. **Pricing:**

2.1 The effective date of the pricing set forth below and in any attachments hereto is the date written below. GCL hereby grants the discount shown below on all procedures ordered by Client, except said discount shall not apply to test(s) listed below under "Special Prices" or to any tests that are non-discountable.

2.2 - GCL reserves the right to change (l) any of the Special Prices on the anniversary date of the effective date set forth below. GCL shall give Client reasonable advance notice of any pricing changes. GCL's failure or delay to notify Client of said price adjustment shall not constitute a waiver of the right to any adjustment provided for in this Agreement.

3. **Billing Information:** Client agrees to provide GCL with all appropriate and necessary information to allow and enable GCL to bill Client, Client's patients or any GCL-approved third party payer on behalf of Client's patients. Such information shall include, without limitation, patient demographic and insurance information, and ICD-9 diagnosis codes and chief complaint and symptoms that are appropriate for procedures ordered by Client, and shall be provided to GCL simultaneously with each Client order for testing, but in no event later than the time each specimen is submitted to GCL for testing. Client shall provide GCL with accurate instructions with respect to whom GCL is to bill for its services. i.e., Client, patient, or a GCL-approved third party payer. Whenever Client has reason to believe that Medicare will deny procedures ordered by Client for a Medicare patient as medically unnecessary, Client agrees to obtain a signed Advance Beneficiary Notice ("ABN") from the Medicare patient at the time a specimen is collected from the patient. If the ABN is not obtained, Client will be billed for all non-medically necessary tests performed. If any of the information provided by Client pursuant to this Section 3 is incomplete or inaccurate in any respect such that the lack of information results in a denial of payment of the invoice submitted by GCL, Client will be responsible for payment of the full amount of the invoice within the time frame specified in the Payment paragraph below.

4. **Term:** This Agreement shall commence on the effective date of pricing shown below and shall continue for a term of 1 year. This Agreement may be renewed for additional terms of one (1) year each upon the mutual written agreement of the parties. This Agreement may be terminated as described below.

5. **Terms and Condition on Reverse Side:** Client agrees that the terms and conditions printed on the reverse side of this agreement are incorporated into this Agreement by reference and that Client agrees to be bound by and to adhere to them.

Sales Representative: Jen Fuja Fee Schedule: Same as Acct #11998

Account Numbers:	11998			
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SPECIAL PRICES

Test Code	Test Name	Price

Vera Schmidt
Authorized Client Signature

Vera Schmidt
Print Name

Chief of Operations 1/4/12
Title Date

Genesis Clinical Laboratory Signature
Debbie Gonzalez

Print Name

Business Director 10/17/11
Title Date

Internal Use Only		
Received _____	Entered _____	By _____

TERMS AND CONDITIONS

Billing Statement. For services rendered by GCL hereunder and billed to Client, GCL shall send Client an invoice monthly or at another schedule mutually agreed upon in writing, which shall show current charges, any past due amounts, any late charges and any other charges. GCL's invoice shall reflect any discounts and special prices granted to Client in each line item on GCL's invoice.

Reporting Charges. Client represents and warrants that it will accurately report any charges (including discounts and special prices) made by GCL to Client hereunder to any third party payer (public or private) to which Client submits cost reports or similar reports, which include or are based on GCL's charges to Client.

Access to Records. For the purpose of implementing Section 1861 (v) (1) (I) of the Social Security Act, as amended, and any written regulation thereto, GCL and Client agree to comply with said statutory and regulatory requirements governing the maintenance of documentation to verify the cost or value of services rendered under this Agreement.

Payment. Client agrees to pay GCL within thirty (30) days of the date of each GCL invoice. If any payment by Client is not made within said thirty (30) days, it shall bear interest at the rate of eighteen percent (18%) per annum until paid. Payments shall be delivered or mailed to GCL at the address shown on GCL's invoice. GCL will charge and Client agrees to pay GCL a fee of \$25.00 for any check, money order or other instrument that is dishonored for any reason.

Disputes. Client agrees to review each GCL invoice within fifteen (15) days of the date of the invoice. If Client disputes any charge on a GCL invoice, Client agrees to notify GCL of such dispute as soon as possible, but in any event no later than twenty (20) days of the date of such invoice. Client and GCL shall resolve such disputes as amicably and expeditiously as possible. If the dispute is resolved in Client's favor, GCL shall credit the disputed amount on the next invoice GCL sends to Client. If the dispute is resolved in GCL's favor, Client shall pay the disputed amount in accordance with the paragraph captioned "Payment" above. Client hereby waives any and all existing and future claims and offsets against any payments due hereunder and agrees to pay all amounts hereunder regardless of any offset or claim which may be asserted by Client or on its behalf.

Termination; Liquidated Damages; Return of GCL Equipment. Notwithstanding anything to the contrary in the Agreement, if Client does not pay GCL in accordance with the terms of this Agreement, GCL may, in its sole discretion, terminate this Agreement or cease providing services to Client by giving Client written notice of such termination at least five (5) business days prior to the effective date of the termination of this Agreement or of GCL's discontinuance of providing services hereunder. If Client defaults in fulfilling any of its obligations under the Agreement other than Client's timely payment of a monetary obligation, then GCL may serve written notice upon Client specifying the nature of said default. Upon the expiration of thirty (30) days following the giving of such notice, if Client (i) has failed to cure such default or (ii) in the case of a default which by its nature cannot be completely cured within said thirty (30) day period, does not deliver to GCL assurances reasonably satisfactory to GCL that Client will promptly cure such default, and Client does not thereafter undertake to cure such default, then GCL may declare this Agreement to be in default and may terminate the Agreement immediately. In addition, this Agreement may be terminated by either party hereto, with or without cause, with thirty (30) days prior written notice to the other party hereto. Client's obligation to pay GCL any outstanding amounts owed by Client to GCL shall survive any termination or expiration of this Agreement. If this box is checked then the liquidated damages provision attached hereto as Schedule 1 shall be applicable to the Agreement between Client and GCL and shall be incorporated into the Agreement by this reference.

Equipment. In the event that any GCL equipment is provided to Client in connection with this Agreement, such equipment will be identified on Exhibit A, attached to this Agreement and incorporated herein by reference. Client agrees to use the equipment only at the address set forth in the first paragraph hereof and shall not at any time remove the same from said location. Client shall use the equipment and any data lines or other supplies provided in conjunction with the equipment only in connection with the services to be provided by GCL pursuant to this Agreement, which shall include ordering, receiving, and checking on lab results, and for no other purposes. The equipment shall be subject to inspection by GCL at any time. Client shall use the equipment at all times in a careful, proper, and workmanlike manner and in such manner as will not injure the equipment except for the reasonable ordinary wear and tear of such equipment. Client shall notify GCL immediately if the equipment requires repair, and such repairs shall be made at the expense of GCL unless caused by the negligence of Client, in which case Client shall reimburse GCL for all expenses incurred in connection with such repairs immediately upon receipt of an invoice therefore from GCL. In the use of the equipment, Client shall comply fully with all the laws of the State of Illinois and with all county and/or municipal ordinances. Upon GCL's demand, Client shall prominently affix to the equipment labels, plates, or other markings supplied by GCL, stating that the equipment is owned by GCL. Client shall not make any alterations, additions or improvements to the equipment, without the prior written consent of GCL. All additions and improvements made to the equipment shall belong to and become the property of GCL upon the termination or expiration of this Agreement. The parties agree that THERE ARE NO EXPRESS WARRANTIES, OTHER THAN ANY APPEARING IN THIS AGREEMENT, AND THERE ARE NO IMPLIED WARRANTIES, EITHER OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, IN CONNECTION WITH THE PROVISION OF THE EQUIPMENT. Notwithstanding anything to the contrary set forth herein, in the event of expiration or termination of this Agreement, all equipment provided to Client by GCL shall be promptly returned to GCL in the same condition delivered to Client.

Collection. If Client does not pay GCL, as provided hereinabove, GCL reserves the right to refer Client to a collection agency or an attorney-at-law to collect amounts owed by Client to GCL. Client shall reimburse GCL, upon receipt of an invoice, for any expenses incurred by GCL as a result of any such referral. Such expenses include, but are not limited to, reasonable attorneys' fees and court costs.

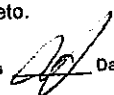
Legislative and/or Regulatory Changes. in the event that Federal, State or local statutes, rules, ordinances, guidelines or interpretations restrict or substantially affect or change 1) the method of reimbursement or payment of services under the Agreement, or 2) either party's reimbursement under any government program, such as Medicare or Medicaid, this Agreement shall in good faith be amended by the parties to provide for payment or compensation hereunder, that is acceptable to the party or parties affected by such restriction or change. Such amendments shall be negotiated and finalized within thirty (30) days after one party notifies the other party in writing of the above described restriction or change. If the parties are unable to negotiate and finalize such amendments within said thirty (30) day period, either party may immediately terminate said Agreement by giving written notice of termination to the other party, which termination shall be effective ten (10) days after the giving of such notice.

Indemnification. Each party hereby agrees to fully, completely and unconditionally indemnify, defend and hold the other party and such other party's directors, officers, employees, agents and affiliates harmless from and against any and all claims, actions, liabilities, costs and expenses (including, without limitation, costs of judgments, settlements, court costs and attorneys' fees) arising out of or relating to, or alleged to arise out of or relate to, negligent or intentional acts or omissions of the indemnifying party or any failure by the indemnifying party to perform any obligation or covenant of the indemnifying party under this Agreement.

Independent Contractor. GCL is performing the services and duties required hereunder as an independent contractor and not as an employee, agent, partner of, or joint venturer with Client.

Compliance with Laws. At all times during the term of this Agreement, all services shall be performed in accordance with all applicable standards established by law or ordinance, or established by the rules and regulations of any federal, state, or local agency, department, commission, association, or other pertinent governing, accrediting, or advisory body having the authority to set standards for offices maintained by health care providers and each of the parties shall act in conformance with all of such applicable standards, laws, rules, and regulations.

Waiver; Binding Effect. A waiver or failure by GCL to enforce any of its rights under this Agreement shall not operate as a waiver of any future rights GCL has hereunder. Nothing contained in the Agreement shall be construed to permit the assignment by Client of any rights or obligations hereunder, and such assignment is expressly prohibited without the prior written consent of GCL. GCL may assign this Agreement without the consent of Client. Subject at all times to the foregoing restriction, this Agreement shall be binding upon and inure to the benefit of any successor or permitted assign of either of the parties hereto.

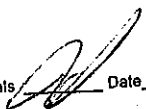
Initials  Date 11/4/12

SCHEDULE 1

LIQUIDATED DAMAGES

GCL and Client agree and acknowledge that in the event of a default by Client, as described in the Agreement or a termination without cause by Client, the damages that will be incurred by GCL as a result of such default or early termination shall be difficult or impossible to ascertain with specificity. Accordingly, Client and GCL hereby agree to the following liquidated damages provisions, not as a penalty. In the event of a default, Client agrees to pay the amount stipulated below no later than thirty (30) days after demand from GCL, or in the event of termination without cause, no later than thirty (30) days after the effective date of such termination, and further agrees that these provisions regarding liquidated damages are reasonable in light of the circumstances of this Agreement and are not greatly disproportionate to the presumed injury or loss arising or resulting from such Client default or termination. The liquidated damages amount to be paid pursuant to this paragraph shall be the sum of the liquidated damages for equipment provided to Client plus the liquidated damages for the test orders, described as follows:

Damages shall be: \$__0

Initials  Date 1/4/16

TERMS AND CONDITIONS Cont'd

Governing Law. This Agreement, and its interpretation and all transactions made in connection with it shall be governed by the laws of the State of Illinois.

Amendments. This Agreement may not be amended, modified or changed except in writing and signed by both parties hereto.

Captions. The captions used in this Agreement are for convenience only and shall not affect the meaning, interpretation or construction of any term, provision or condition of this Agreement.

Initials  Date 1/4/12

**CENTERS FOR MEDICARE & MEDICAID SERVICES
CLINICAL LABORATORY IMPROVEMENT AMENDMENTS
CERTIFICATE OF ACCREDITATION**

LABORATORY NAME AND ADDRESS

V H S GENESIS LABORATORY
3231 S EUCLID AVENUE
BERWYN, IL 60402-3471

CLIA ID NUMBER

14D0888808

EFFECTIVE DATE

06/07/2011

LABORATORY DIRECTOR

RANDALL K MCGIVNEY DO

EXPIRATION DATE

06/06/2013

Pursuant to Section 259 of the Public Health Service Act (42 U.S.C. 263a) as revised by the Clinical Laboratory Improvement Amendments (CLIA), the above named laboratory located at the address shown hereon (and other approved locations) may accept human specimens for the purpose of performing laboratory examinations or procedures. This certificate shall be valid until the expiration date above, but is subject to revocation, suspension, limitation, or other sanctions for violation of the Act or the regulations promulgated thereunder.



Judith A. Yost

Judith A. Yost, Director
Division of Laboratory Services
Survey and Certification Group
Center for Medicaid and State Operations

173 cert92_051411

If you currently hold a Certificate of Compliance or Certificate of Accreditation, below is a list of the laboratory specialties/subspecialties you are certified to perform and their effective date:

LAB CERTIFICATION (CODE)	EFFECTIVE DATE	LAB CERTIFICATION (CODE)	EFFECTIVE DATE
BACTERIOLOGY (110)	07/24/1995	ANTIBODY TRANSFUSION (520)	07/24/1995
MYCOBACTERIOLOGY (115)	07/24/1995	ANTIBODY NON-TRANSFUSION (530)	07/24/1995
MYCOLOGY (120)	07/24/1995	ANTIBODY IDENTIFICATION (540)	07/24/1995
PARASITOLOGY (130)	07/24/1995	COMPATIBILITY TESTING (550)	07/24/1995
VIROLOGY (140)	10/28/2000	HISTOPATHOLOGY (610)	07/24/1995
SYPHILIS SEROLOGY (210)	07/24/1995	CYTOLOGY (630)	06/13/2003
GENERAL IMMUNOLOGY (220)	07/24/1995		
ROUTINE CHEMISTRY (310)	07/24/1995		
URINALYSIS (320)	07/24/1995		
ENDOCRINOLOGY (330)	07/24/1995		
TOXICOLOGY (340)	05/27/2003		
HEMATOLOGY (400)	07/24/1995		
ABD & RH GROUP (510)	07/24/1995		

FOR MORE INFORMATION ABOUT CLIA, VISIT OUR WEBSITE AT WWW.CMS.HHS.GOV/CLIA
OR CONTACT YOUR LOCAL STATE AGENCY. PLEASE SEE THE REVERSE FOR
YOUR STATE AGENCY'S ADDRESS AND PHONE NUMBER.
PLEASE CONTACT YOUR STATE AGENCY FOR ANY CHANGES TO YOUR CURRENT CERTIFICATE.

Quality Assurance/Quality Improvement

Special Meeting of the Board of Directors

January 7, 2014

Apollo Health Center, Ltd.

2750 S. River Rd.

Des Plaines, IL 60018

Present: Vera Schmidt Chief of Operations, Vinod Goyal, M.D., Vijay Goyal, M.D.,
Nisha Patel, M.D., Sampath Chennamaneni, M.D.

This Special Meeting of the Board of Directors was called to order on:
January 7, 2014 at 2:00pm.

Dr. Nisha Goyal has stepped down from the position of Medical Director.

Vinod K. Goyal, M.D. has been appointed to the position. Dr. Goyal has admitting and practicing privileges at Advocate Lutheran General Hospital. He has signed an agreement to assume responsibility for the facilities' patients requiring hospitalization and his privileges at Advocate Lutheran General Hospital have been verified.

Having no further business, the meeting is adjourned.



Vera Schmidt, Chief of Operations

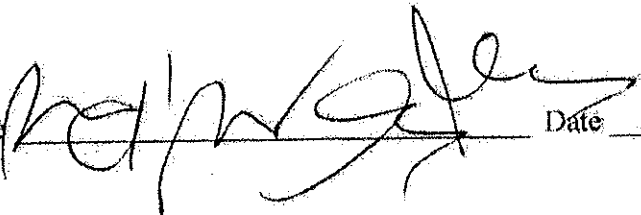
AGREEMENT

I, Vinod Goyal, M.D., am a physician in the State of Illinois.

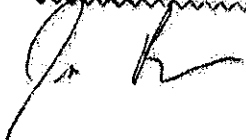
I hereby assume the role of Medical Director for Apollo Health Center, Ltd.

I hereby state that I have admitting and practicing privileges at Lutheran General Hospital at 1775 Dempster Street, Park Ridge, Illinois 60068.

By entering into this agreement with the medical facility located at 2750 S. River Rd., Des Plaines, IL 60018. I hereby agree that I will assume responsibility for the facility patients requiring hospitalization.

Signature  Date 1/7/2014



 1/7/14

VINOD K. GOYAL, M.D.

CURRICULUM VITAE

Education:

- 1972 Governmental Medical College
Punjabi University, Patiala, Punjab, India
(M.B.B.S) Medical Doctor
- 1972-1973 St. Elizabeth's Hospital
Chicago, Illinois
Rotating Internship
- 1973-1976 Mount Sinai Hospital Medical Center of Chicago
Chicago, Illinois
Obstetrics/Gynecology Residency

Continuing Medical Education:

- 1976 University of Milwaukee, Wisconsin
Post graduate course in Obstetrics/Gynecology
- 1980 Comprehensive post graduate course in Colposcopy
at Northwest University, Chicago, Illinois
- Lectured medical students at Alexian Brothers Medical
Center and nurses at Good Shepherd Hospital
- 1980 Attended American College of Obstetrics/Gynecology
Annual Conference in New Orleans
- 1982 Attended World Biennial Conference of International
College of Surgeons in India
- 1985 Attended post graduate course November 1983 for
Gynecological Laser Surgery at Northwest Community
Hospital, Arlington Heights, Illinois
- 1990 Attended Ambulatory Surgery, Focus on Excellence
Conference in Anaheim, California
- 1992 Attended Laparoscopy Conference in Chicago, Illinois

1992-2013 Various CME Conferences & Activities on ongoing basis
2012-Present Teaching medical Residents, students, nursing students and nurse practitioner students, Obstetrics/Gynecology in a hands on & active clinical environment

Private Practice:

1976-1979 Chicago, Illinois
1980-1990 Barrington, Illinois
1990-Present Arlington Heights, Illinois

Present Affiliations:

Lutheran General Hospital
Park-Ridge, Illinois
St. Alexius Hospital
Hoffman Estates, Illinois
Mount Sinai Hospital Medical Center of Chicago
Chicago, Illinois

Medical Licensure:

Illinois 036-049046 -- 1974

Certification:

American Board of Obstetrics/Gynecology
November 1980

Place of Birth: Amritsar, India

Marital Status: Married



Advocate Lutheran General Hospital

Medical Staff Services || 1775 Dempster Street - 1 South || Park Ridge, IL 60068 || P: 847.723.5098 || F: 847.723.5096

April 1, 2013

Vinod Goyal, MD
1640 North Arlington Heights Road
Suite 210
Arlington Heights, IL 60001

Dear Dr. Goyal:

On behalf of the Governing Council of Lutheran General Hospital, it is my privilege to inform you that your reappointment to the Medical Staff has been approved. Your reappointment to the Attending staff in the Department of Obstetrics & Gynecology was granted on March 11, 2013, upon the recommendation of the Medical Staff Executive Committee. A copy of your privileges as delineated by your Department Chair and approved by the Governing Council is enclosed. Your appointment is from 04/01/2013 to 3/31/2015.

We thank you for your continued interest and support of the hospital and its programs. If we can ever assist you, please feel free to contact the Medical Staff Office at 847 723-5098.

Sincerely,

Anthony A. Armada, FACHE
President

enclosure(s)

ASSOCIATE MEDICAL DIRECTOR

POSITION SUMMARY:

Responsible for the overall efficient functioning of the Center.

SUPERVISION:

Received: Board of Directors
Given: All Center Medical Employees {including Nursing Supervisor}

QUALIFICATIONS:

1. Is a physician or podiatrist licensed in Illinois.
2. A minimum of five years experience in the ambulatory field.
3. Good command of the English Language, both verbal and written.
4. Ability to work well with physicians, employees, patients and others.
5. The Board of Directors may periodically determine other qualifications.

WORKING CONDITIONS:

1. Mobility to move about the Center to supervise employees and activities.
2. Medical environment typical but occasional exposure to office environment.

RESPONSIBILITIES:

Attends all Board of Directors and committee meetings, prepares agenda, gather for Review and analysis.

Directs all Pathology, Medical Laboratory and Radiology services provided by the medical center.

In collaboration with Executive Director will annually evaluate the total Quality Assurance Program based on policy, administrative and clinical record review.

Enforces all policies set forth by the Board of Directors.

Reviews, revises and updates all policy-procedural manuals, by-laws, job descriptions and committee functions, etc. on a regular basis.

Implements the long and short-term goals and facilitates attainment of the mission and objectives of the center as determined by the Board of Directors.

Shall grant and supervise applicants for temporary admitting and clinical privileges in collaboration with the credentials committee.

RESPONSIBILITIES (cont.):

Assures the Center's compliance with all local, state and federal regulations. Deals with all review agencies.

Oversees the supervision of anesthesiology services.

Serves as the designated individual responsible for pharmaceutical services. Assumes professional, organizational and administrative responsibility for the quality of pharmaceutical services rendered.

Recommend to the Board of Directors suspensions or termination of clinical privileges in the interest of patient care and re-assignment of patients to other qualified practitioners.

Attends all Medical Staff and committee meetings.

Resolves conflicts, mediates and require compliance with policies by employees and physicians.

Maintains the medical staff's adherence to quality standards of patient care through:

1. Appropriate credentialing process
2. Implementation of corrective actions recommended by the Quality Assurance Committee

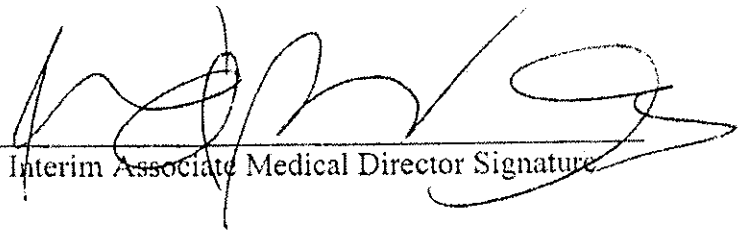
Delegates authority/responsibility to another qualified physician in her/his absence.

The above statements reflect the general outline considered necessary to describe the principle functions of this job. It shall not be constructed as a detailed description of all work requirements of the job.

Date

11/20/12

Interim Associate Medical Director Signature



Quality Assurance/Quality Improvement

Special Meeting of the Board of Directors

August 20, 2012

Apollo Health Center, Ltd.

2750 S. River Rd.


Des Plaines, IL 60018

Present: Vera Schmidt Chief of Operations, Nisha Patel, M.D. Medical Director, Vijay Goyal, M.D., Vinod Goyal, M.D., Sampath Chennamaneni, M.D.

This Special Meeting of the Board of Directors was called to order on: 8/20/12

Vinod K. Goyal, M.D. has been appointed to Acting Associate Medical Director. Dr. Goyal has admitting and practicing privileges at Lutheran General Hospital. He has signed an agreement to assume responsibility for the facilities' patients requiring hospitalization and his privileges at Lutheran General Hospital have been verified.

Having no further business, the meeting is adjourned.



Vera Schmidt, Chief of Operations



Nisha Patel, M.D., Medical Director

AGREEMENT

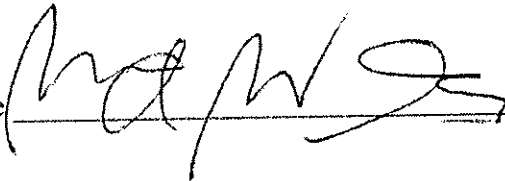
I, Vinod Goyal, M.D., am a physician in the State of Illinois.

I hereby assume the role of Acting Associate Medical Director for Apollo Health Center, Ltd.

I hereby state that I have admitting and practicing privileges at Lutheran General Hospital at 1775 Dempster Street, Park Ridge, Illinois 60068.

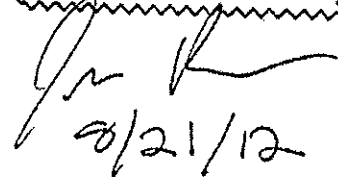
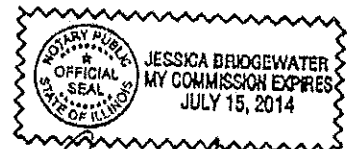
By entering into this agreement with the medical facility located at 2750 S. River Rd., Des Plaines, IL 60018. I hereby agree that I will assume responsibility for the facility patients requiring hospitalization.

Signature



Date

8/20/2012



8/21/12

AGREEMENT

I, Nisha Patel, M.D., am a physician licensed in the State of Illinois.

I hereby state that I have admitting and practice privileges at Alexian Brothers Medical Center at 800 Biesterfield Road, Elk Grove Village, Illinois 60007.

By entering into this agreement with the medical facility located at 2750 South River Road, Des Plaines, Illinois 60018, I hereby agree that I will assume responsibility for the facility patients requiring hospitalization.

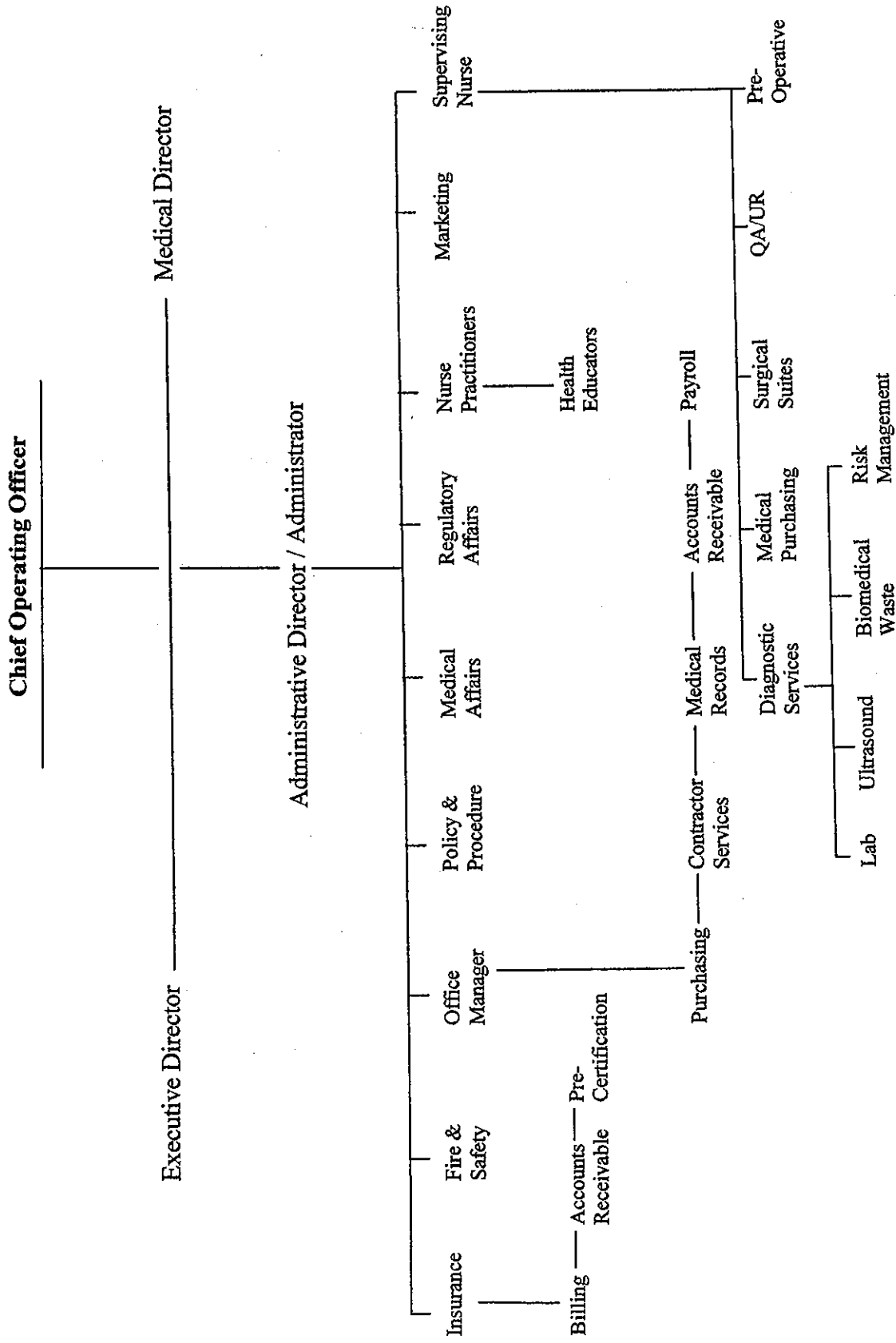
Signature 

Date 1/10/2011



Jessica Bridgewater
1/10/11

Apollo Health Center, Ltd.





STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

September 13, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Vera Schmidt, Chief Executive Officer
Apollo Health Center, Ltd.
1640 North Arlington Heights Road, Suite 110
Arlington Heights, Illinois 60004

RE: PERMIT: #11-002 - Apollo Health Center, Ltd.

Dear Ms. Schmidt:

On July 21, 2011, the Illinois Health Facilities and Services Review Board ("Board") approved the application for permit for the referenced project based upon the project's substantial conformance with the applicable standards and criteria of Part 1110 and 1120. In arriving at a decision, the State Board considered the findings contained in the State Agency Report, the application material, and any testimony made before the State Board.

- **PROJECT: #11-002 - Apollo Health Center, Ltd** - The permit holder is approved for the establishment of a multi-specialty ambulatory surgical treatment center in 5,853 gross square feet of space at a cost of \$2,536,751. The facility is located at 2750 South River Road, Des Plaines, Illinois. The permit holder is approved for 2 operating rooms and 8 recovery stations and the following surgical specialties: gastroenterology, obstetric/gynecology, and urology. The operating entity licensee is Apollo Health Center, Ltd. The owner of the site is Forestview River, LP.
- **CONDITION/STIPULATION**: Within 15 months from the date that Apollo Health Center, Ltd. (Apollo), a multi-specialty ambulatory surgical treatment center (ASTC), obtains a license as an ASTC from the Illinois Department of Public Health, Apollo must provide actual, specific payor-mix statistics to the Board in a written report. This report must specify the percentage of Apollo patients receiving charity care and the percentage of Apollo patients receiving the 80% facility and physician financial, hardship discount. This report should also encompass payor-mix statistics for the 12 month period after the Board approved Apollo's permit to establish an ASTC.
- **PERMIT HOLDER**: Apollo Health Center Ltd., 1640 North Arlington Road, Suite 110 Arlington Heights, Illinois
- **PERMIT AMOUNT**: \$2,536,751
- **PROJECT OBLIGATED BY**: July 31, 2012
- **PROJECT COMPLETION DATE**: July 31, 2012

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and **is not transferable or assignable**. In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130. The permit holder is responsible for complying with the following requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in State Board action to revoke the permit.

1. OBLIGATION-PART 1130.720

The project must be obligated by the Project Obligation Date, unless the permit holder obtains an "Extension of the Obligation Period" as provided in 77 Ill. Adm. Code 1130.730. Obligation is to be reported as part of the first annual progress report for permits requiring obligation within 12 months after issuance. For major construction projects which require obligation within 18 months after permit issuance, obligation must be reported as part of the second annual progress report. If project completion is required prior to the respective annual progress report referenced above, obligation must be reported as part of the notice of project completion. The reporting of obligation must reference a date certain when at least 33% of total funds assigned to project cost were expended or committed to be expended by signed contracts or other legal means.

2. ANNUAL PROGRESS REPORT-PART 1130.760

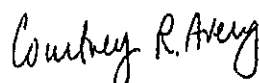
An annual progress report must be submitted to IDPH every 12-month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

The permit holder must submit a written notice of project completion as defined in Section 1130.140. Each permit holder shall notify IHFSRB within 30 days following the project completion date and provide supporting documentation within 90 days following the completion date and must contain the information required by Section 1130.770. **Please note the Illinois Department of Public Health will not license the proposed facility until all of the Board's permit and post permit requirements have been completed.**

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction. Should you have any questions regarding the permit requirements, please contact Mike Constantino at 217-782-3516.

Sincerely,



Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

July 20, 2012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Ann M. Cooper
Polisinelli & Shugart
161 N. Clark Street Suite 4200
Chicago, Illinois 60601

RE: Permit Renewal
Health Facilities Planning Act
PROJECT: 11-002: Apollo Healthcare Ltd.
APPLICANT(S): Apollo Healthcare Ltd.

Dear Ms. Cooper:

On July 18, 2012 the Chairman of the Illinois Health Facilities and Services Review Board approved a permit renewal for the above-captioned project. Therefore, the permit for this project has been renewed until January 31, 2014.

Should the permit holder determine that it will be unable to complete the project by January 31, 2014; the permit holder may request another renewal of the permit. 77 IAC 1130.740 provides that the State Agency must be in receipt of a permit renewal request AT LEAST 45 DAYS PRIOR TO THE EXPIRATION DATE OF THE REQUIRED COMPLETION PERIOD.

The permit holder is reminded that permits for projects which are not completed within the required time frame shall expire for lack of due diligence, unless renewed by the State Board. The permit holder is also reminded of the other post-permit requirements contained in "Subpart G" of Part 1130. Adherence to these requirements is essential in maintaining a valid permit and is the sole responsibility of the permit holder.

Should you have any questions, please contact our office at (217) 782-3516 and ask to speak to a staff person about post permit requirements.

Sincerely,

Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board

cc: Dale Galassie, Chairman



161 N. Clark Street, Suite 4200. Chicago, IL 60601-3316 • 312.819.1900

December 3, 2013

Anne M. Cooper
(312) 873-3606
(312) 819-1910
acooper@polsinelli.com

Via FedEx

Ms. Kathryn Olson
Chair
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

Re: Permit Renewal Request – Apollo Health Center, Ltd. (Proj. No. 11-002)

Dear Chair Olson:

This office represents Apollo Health Center, Ltd. (“Apollo”). As you are aware, on July 21, 2011, the Illinois Health Facilities and Services Review Board (the “State Board”) approved Apollo’s application to establish a multi-specialty ambulatory surgical treatment center (the “Project Permit”). On July 20, 2012, the State Board approved an 18-month renewal of the Project Permit with a project completion date of January 31, 2014. Construction is complete and the surgery center is currently waiting licensure. Accordingly, we respectfully request the State Board grant Apollo a six month renewal of the Project Permit and establish July 31, 2014 as the new project completion date.

Requested Completion Date

Apollo requests the State Board grant a six month renewal of the Project Permit and establish July 31, 2014 as the new project completion date.

Status Report

Construction of the surgery center is complete. The surgery center is awaiting licensure by the Illinois Department of Public Health (“IDPH”).

Ms. Kathryn Olson
December 3, 2013
Page 2

To date, Apollo has expended \$2,312,903 on the project, which includes \$2,291,152 for the space lease and \$21,751 in modernization costs.

Statement Regarding Completion of the Project

Apollo is establishing a new multi-specialty surgery center. Construction is complete, and the surgery center is awaiting licensure. Apollo anticipates IDPH will conduct a survey of the surgery center in December. To ensure sufficient time for survey and licensure, Apollo requests a renewal of its Project Permit until July 31, 2014.

Confirmatory Evidence of Permit Compliance

The attached affidavit from Vera Schmidt, Chief Executive Officer of Apollo Health Center, Ltd. confirms Apollo is complying with the scope and costs of the project approved by the State Board pursuant to Project Permit #11-002 and sufficient financial resources are available to complete the project. (See Attachment -- 2)

Based on the above information, which is provided to the State Board in compliance with Section 1130.740 of the Illinois Administrative Code, Apollo formally requests a 6-month renewal of its permit for project #09-030.

Sincerely,



Anne M. Cooper

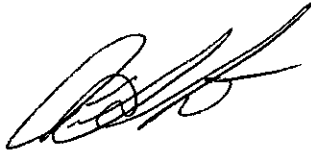
Attachments

cc: Michael Constantino

Exhibit XII

This is to certify that Apollo Health Center, Ltd. will be in compliance with all applicable building, utility and safety codes within the Village of Des Plaines, Illinois.

Sincerely,

A handwritten signature in black ink, appearing to read 'Vera Schmidt', written in a cursive style.

Vera Schmidt
Administrator

APOLLO HEALTH CENTER LTD

Administrative Office:
1640 N. ARLINGTON HEIGHTS ROAD SUITE # 110
ARLINGTON HEIGHTS, IL 60004
Phone : 847-255-7400 Fax : 847-398-4585

Date: November 7, 2012

Kevin Fergusson
Illinois Department of Public Health
Health Care Facilities and Programs, COOS
535 West Jefferson St 4th Floor
Springfield IL 62761

Sent Via First Class Mail

Dear Kevin,

Per your verbal request on October 31, 2012, I would like to clarify the status of Apollo Health Center Ltd.

In September 2011 Apollo Health Center Ltd applied for full ASTC licensure based on an approved CON permit (#11-002). Due to unforeseen circumstances we requested and received from the Health Facilities Board an extension for this project until Jan 31, 2014.

Our construction drawings submission was deemed complete on 10/19/2012 by the IDPH Design and Construction Department.

Currently, located at 2750 S River Road Des Plaines IL 60018, is Forestview Medical Center Ltd which is a licensed Pregnancy Termination Center. Once Apollo Health Center Ltd becomes officially licensed as a full ASTC, Forestview Medical Center will close. Notification will be sent to the state at the appropriate time.

I hope this clarifies the status of Apollo Health Center Ltd.

Thank You



Vera Schmidt
Chief of Operations
Apollo Health Center, Ltd

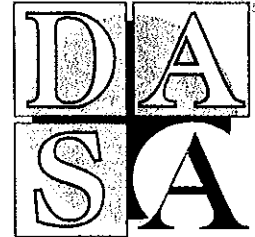
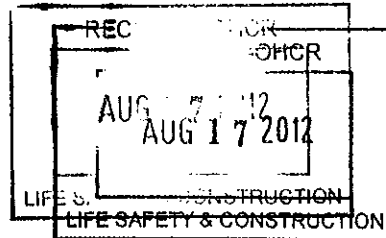
2012 NOV -9 P 12:09

CHICAGO CHICAGO CHICAGO

August 14, 2012

Karen Senger

Mr. Bill Bender
Illinois Department of Public Health
Design and Construction Department
525 W. Jefferson Street, 4th Floor
Springfield, IL 62761



Re: **Apollo Health Center, Ltd.**, 2750 River Road, Des Plaines, IL (Permit #11-002)
A/E Project No: 12-132

Dear Mr. Bender:

As an update to my previous letter dated August 10, 2012, I wanted send the following clarification:

The existing facility is currently called the Forest View Medical Center, Ltd. However, the name of the ASTC facility will be the Apollo Health Center, Ltd. as listed on the approved CON (permit #11-002).

Please update you files as required and feel free to call me if you have any questions or require additional information.

Best regards,
DAVID A. SCHAEFER ARCHITECTS PC

David A. Schaefer, ALA
President

DAVID A. SCHAEFER ARCHITECTS PC
2500 S. HIGHLAND AVE, SUITE 340
LOMBARD, ILLINOIS 60148
PHONE 630.261.9250
FAX 630.261.9259
www.das-architects.com



Ambulatory Surgical Treatment Center Initial Licensure Application

ASTC ID NUMBER: <u>7003166</u>
PROGRAM CATEGORY - 86
Department Use Only

\$500 Application Fee

Pursuant to the Ambulatory Surgical Treatment Center Licensing Act (210 ILCS 5/1 et seq.) and the rules of the Department of Public Health entitled "Ambulatory Surgical Treatment Center Licensing Requirements" (77 Ill. Adm. Code 205).

1. FACILITY NAME/ADDRESS

Name of ASTC Apollo Health Center, Ltd.

Address 2750 South River Road

City Des Plaines County Cook State IL Zip Code 60018

Telephone Number (Area Code) 847-255-7400 Fax Number 847-398-4585 E-mail jessicab@officegci.com

2. OWNERSHIP AND MANAGEMENT

A. Type of Ownership of the ASTC

- Individual
- Partnership
- Other _____
- Association
- Corporation

THIS STATE AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED UNDER 210 ILCS 5/1 ET SEQ. DISCLOSURE OF THIS INFORMATION IS MANDATORY. THIS HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.



Ambulatory Surgical Treatment Center Initial Licensure Application

B. If Individual-Partnership or Association-owned, list all persons who own the ASTC:

Name	Address
N/A	

C. Names under which persons in #2 do business (other than this ASTC)

Name	Business
N/A	

D. Corporate Ownership

(1.) Name of Corporation
 Apollo Health Center, Ltd.

(2.) Submit a copy of the Certificate of Incorporation (Identify as Exhibit I)

(3.) List title, name and address of each corporate officer.

Title	Name	Address
President	Jessica Bridgewater	[REDACTED]
Vice President	V. Goyal, V. Goyal, A. Puri	[REDACTED]
Treasurer	Vijay Goyal	[REDACTED]
Secretary	Vijay Goyal	[REDACTED]



Ambulatory Surgical Treatment Center Initial Licensure Application

E. List name and address of each shareholder holding more than 5 percent of shares

Name	Address	Percent of Shares
Apollo Community Care, Ltd.	[REDACTED]	80%
Apollo Health Services, Ltd.	[REDACTED]	20%

F. For other than individual ownership, list the name and address of the Illinois registered agent or the person(s) legally authorized to receive service of process for the facility.

Name of Registered Agent

Address

Scott H. Reynolds	2 North LaSalle Street, Suite 1300, Chicago, IL 60602

G. List the names and addresses of all persons under contract to manage or operate the facility.

(Check here if not applicable).

Name

Address

Name	Address

H. Have any of the following been convicted of a felony or of two or more misdemeanors involving moral turpitude in the last five years? (If yes, attach explanation as Exhibit IA.)

- | | | | |
|----|--|------------------------------|--|
| 1. | Applicant | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 2. | Any member of a firm, partnership or association | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 3. | Any officer or director of a corporation | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |
| 4. | Administrator or manager of ASTC | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No |



Ambulatory Surgical Treatment Center Initial Licensure Application

3. ADMINISTRATION AND PERSONNEL

A. Administrator (Attach resume as Exhibit II.)

Name Vera Schmidt

Address 2750 South River Road, Des Plaines, IL 60018

Telephone Number 847-255-7400

License or Certification Number (if applicable) _____

B. Medical Director (Attach resume as Exhibit III)

Name Nisha V. Patel, M.D.

Address 2750 South River Road, Des Plaines, IL 60018

Telephone Number 847-255-7400 License Number 036.124169

C. Supervising Nurse (Attach resume as Exhibit IV).

Name Margaret Jannotta, R.N.

Address 2750 South River Road, Des Plaines, IL 60018

Telephone Number 847-255-7400 License Number 041.198775

D. Medical Staff: List specialty, name, and license number of each physician, podiatrist, or dentist granted priveleges to perform surgical procedures in the center.

Specialty	Name	License No.
Anesthesia	Sampath Chennamaneni, M.D.	036-070672
Anesthesia	Anya Raskin, M.D.	036-097755
Gynecology	Faramarz Salimi, M.D.	036-045577
Gynecology	Vinod Goyal, M.D.	036-049046
Gastroenterology	Steven Marshall, M.D.	036-046637
Urology	Azher Quader, M.D.	036-076713
Urology	Gordon Gluckman, M.D.	036-090439



Ambulatory Surgical Treatment Center Initial Licensure Application

D. Medical Staff (Continued)

Specialty	Name	License No.
General Practice	Vijay Goyal, M.D.	036-062651
Family Practice	Nisha Patel, M.D.	036-124169



Ambulatory Surgical Treatment Center Initial Licensure Application

E. Personnel: List position and/or classification; name, education, experience, professional licensure or certification

Position and/or Classification	Name	License Number, Registration, Certification, Education and Years Experience
Administrator	Vera Schmidt	24 Years
Registered Nurse	Margaret Jannotta, R.N.	29 Years; 041198775
Registered Nurse	Eva Banach, R.N.	24 Years; 041218525
Nurse Practitioner	Susan Johnson, N.P.	10 Years; 041136042
Medical Assistant	Avery Habel	4 Years
Medical Assistant	Sylwia Wantuch	3 Years
Medical Assistant	Tenzin Drongpa	3 Years
POC/Orderly	Eugene Jaworski	17 Years
Lab Technician	Luzvida Echiverri	22 Years
Ultrasound Technician	Olga Kublanova	8 Years
Medical Records	Marisela Stevens	16 Years
Counselor	Jennifer Keith	9 Years
Counselor/Medical Assistant	Catherine Bayani	8 Years
Cashier	Jayne Blameuser	36 Years
Orderly	Ramesh Vasnani	5 Years



Ambulatory Surgical Treatment Center Initial Licensure Application

E. Personnel: (Continued)

Position
and/or
Classification

Name

License Number, Registration,
Certification, Education, and
Years Experience

Position and/or Classification	Name	License Number, Registration, Certification, Education, and Years Experience



Ambulatory Surgical Treatment Center Initial Licensure Application

4. FACILITIES, SERVICES AND PROCEDURES

The following must be included with the initial application:

- A. A narrative of the facility including but not limited to interviewing, examination, surgical and recovery room facilities. (Identify as Exhibit V)
- B. A description of services to be provided by the facility including a list of surgical procedures to be performed subject to approval in accordance with the requirements of Section 205.130. (Identify as Exhibit VI)
- C. Documentation of compliance with Section 205.350, Laboratory Services. (Identify as Exhibit VII)
- D. A copy of the transfer agreement with a licensed hospital within approximately 15 minutes travel time of the facility or other documentation demonstrating compliance with Section 205.540(d). (Identify as Exhibit VIII)
- E. A copy of the organizational plan of the facility (see Section 205.220). (Identify as Exhibit IX)
- F. Schematic architectural plans (or evidence of prior submission). (Identify as Exhibit X)
- G. Documentation of a permit as required by the Illinois Health Facilities Planning Act. (20 ILCS 3960/1 et. seq.) (Identify as Exhibit XI)
- H. Documentation of compliance with all applicable local building, utility and safety codes. (Identify as Exhibit XII)



Ambulatory Surgical Treatment Center Initial Licensure Application

5. VERIFICATION

I (we) swear or affirm that this application and accompanying documents are true and complete. I (we) further certify that I (we) have knowledge of and understand the action required to comply with the Act and licensing requirements.

Signed [Signature]

Signed [Signature]

Title Administrator

Title Medical Director

Signed and Sworn (or attested) to before me this 23 day of September 20 11



[Signature]
Notary Public

My commission expires July 15 20 14

SUBMIT APPLICATION AND FEE TO:
VALIDATION UNIT
ILLINOIS DEPARTMENT OF PUBLIC HEALTH
DIVISION OF FINANCIAL SERVICES
535 WEST JEFFERSON STREET, 4th Floor
SPRINGFIELD, ILLINOIS 62761



Ambulatory Surgical Treatment Center Initial Licensure Application

APPLICATION ADDENDUM

This addendum must be completed as part of the following program/facility applications:

Ambulatory Surgical Treatment Center

Home Health Agency

Hospice Program

Hospital

Section 10-65(c) of the Illinois Administrative Procedure Act, 5 ILCS 100/10-65(c), was amended by P.A. 87-823, and requires individual licensees to certify whether they are delinquent in payment of child support.

APPLICANT IS AN INDIVIDUAL (SOLE PROPRIETOR) Yes No

The following question must be answered only if the applicant is an individual (sole proprietor):

I hereby certify, under penalty of perjury, that I am am not (check one) more than 30 days delinquent in complying with a child support order.

Signed: _____

Date: _____

**FAILURE TO SO CERTIFY MAY RESULT IN A DENIAL OF THE LICENSE AND MAKING A FALSE STATEMENT
MAY SUBJECT THE LICENSEE TO CONTEMPT OF COURT.**
(5 ILCS 100/10-65-(c))



Ambulatory Surgical Treatment Center Initial Licensure Application

ASTC Initial Licensure Application Checklist

- Completed application
- Articles of Incorporation
- Administrator's Resume
- Medical Director's Resume
- Supervising Nurse's Resume
- List of Medical staff
- Separate list of Personnel staff
- Narrative Description of facility
- Surgical Procedures and services provided
- Lab Services (Section 205.330)
- Transfer Agreement, etc. (Section 205.540(d))
- Organizational plan
- CON (Certificate of Need)
- Local Building, utility and safety codes
- License fee of \$500

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CONTACT

CORPORATION FILE DETAIL REPORT

Entity Name	APOLLO HEALTH CENTER, LTD.	File Number	66689611
Status	ACTIVE		
Entity Type	CORPORATION	Type of Corp	DOMESTIC BCA
Incorporation Date (Domestic)	12/11/2009	State	ILLINOIS
Agent Name	SCOTT H REYNOLDS	Agent Change Date	12/11/2009
Agent Street Address	2 N LASALLE ST STE 1300	President Name & Address	JESSICA BRIDGEWATER, 3 GOLF CENT #356, HOFFMAN EST, IL 60169
Agent City	CHICAGO	Secretary Name & Address	VIJAY GOYAL, 3 GOLF CENT #356, HOFFMAN EST, IL 60169
Agent Zip	60602	Duration Date	PERPETUAL
Annual Report Filing Date	11/30/2010	For Year	2010

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(One Certificate per Transaction)

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666B-9611

This space for use by
Secretary of State

FILED

DEC 11 2009

**JESSE WHITE
SECRETARY OF STATE**

Date
Franchise Tax \$ 25.
Filing Fee \$ 150.
Approved: *WJ* *MS*

**ARTICLES OF INCORPORATION
OF
APOLLO HEALTH CENTER, LTD.**

TO: Jesse White, Secretary of State of Illinois:

Pursuant to the provisions of The Illinois Business Corporation Act of 1983, as amended (the "Act"), the undersigned incorporator hereby adopts the following Articles of Incorporation:

Article I

CORPORATE NAME

The name of the corporation shall be APOLLO HEALTH CENTER, LTD.

Article II

REGISTERED AGENT

The initial registered agent of the corporation shall be Scott H. Reynolds, and the initial registered office of the corporation shall be at 2 N. LaSalle, Suite 1300, Chicago, Cook County, Illinois 60602.

Article III

ORGANIZATIONAL PURPOSE

The corporation is organized for the purpose of engaging in any lawful act or activity for which corporations may be organized under The Illinois Business Corporation Act of 1983, as amended.

Article IV

SHARES

Paragraph 1. The authorized shares, issued shares and consideration received therefor shall be:

<u>Class</u>	<u>Par Value Per Share</u>	<u>No. Shares Authorized</u>	<u>No. Shares Issued</u>	<u>Consideration Received</u>
Common	None	10,000	1,000	\$1,000

Paragraph 2. The preferences, qualifications, limitations, restrictions and special or relative rights in respect of the shares of each class are: NONE

Article V

DIRECTORS

(Optional)

The initial number of directors constituting the initial board of directors of the corporation shall be _____ members.

The names and addresses of the persons who are to serve as directors until the first annual meeting of the shareholders or until their successors are elected and qualify are:

Name

Residential Address

Article VI

PAID IN CAPITAL

(Optional)

It is estimated that the value of all property to be owned by the corporation for the following year wherever located will be: \$

It is estimated that the value of the property to be located within the State of Illinois during the following year will be: \$

It is estimated that the gross amount of business that will be transacted by the corporation during the following year will be: \$

It is estimated that the gross amount of business that will be transacted from places of business in the State of Illinois during the following year will be: \$

Article VII

OTHER PROVISIONS

Provisions relating to the authorization of preemptive rights, denying cumulative voting, regulating internal affairs, voting majority requirements, fixing a duration other than perpetual are (all Article and Section references are to the Act):

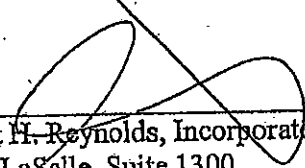
Pursuant to the authority of Sections 10.20(d), 11.20(b), 11.60(e) and 12.15 (d), the approval of an Organic Event (as hereinafter defined) shall require (i) the affirmative vote of the holders of (A) a majority of the outstanding shares entitled to vote on the matter and (B) a majority of the outstanding shares of each class or series of shares entitled to vote on the matter as a class and (ii) such other action as is prescribed by the Act and, to the extent not inconsistent therewith, by the by-laws of the Corporation.

An Organic Event means (I) any amendment to these articles which cannot be made pursuant to Section 10.10 or Section 10.15, (II) any merger, consolidation or share exchange described in Article 11 to which Section 11.20(a) applies, (III) any sale, lease or exchange of assets other than in the usual and regular course of business described in Section 11.60, and (IV) any voluntary dissolution by vote of the shareholders described in Section 12.15.

* * *

The undersigned incorporator hereby declares, under penalties of perjury, that the statements made in these Articles of Incorporation are true.

Dated: December 10, 2009



Scott H. Reynolds, Incorporator
2 N. LaSalle, Suite 1300
Chicago, Illinois 60602

Vera Schmidt

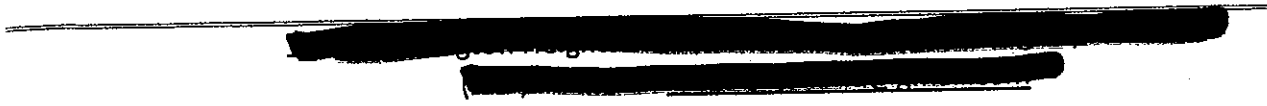
[REDACTED]

[REDACTED]

Education

- University of Illinois/Medical Center** 1985-1986
Chicago, IL
- M.T., A.S.C.P., and C.T., N.C.A., Bachelor's Degree of Science
- Oakton Community College** 1981-1984
Des Plaines, IL
- Medical Laboratory Technology
 - M.L.T., A.S.C.P. and N.C.A
 - Associate Degree in Applied Science
 - Associate Degree in Liberal Arts
- Work Experience**
- Apollo Health Center** 2010-Present
Des Plaines, IL
- Administrator. Responsible for all administrative aspects at the facility.
- A.H. Employee Company** 2003-Present
Arlington Heights, IL
- Lab Technical Consultant. Responsible for technical and scientific oversight of several CLIA certified laboratories.
- Dimensions Medical Center** 1990-2007
Des Plaines, IL
- Associate Executive Director. Responsible for acquisition and maintenance of accreditation/licensure of the facility with various regulatory agencies. Negotiated contracts for professional services. Responsible for licensure maintenance, quality control and staff of laboratory.
- Dimensions Medical Center** 1989-1990
Des Plaines, IL
- Laboratory Director. Responsible for licensure maintenance, quality control and staff of laboratory.
- St. Francis Hospital** 1986-1989
Evanston, IL
- Medical Technologist.
- Resurrection Hospital** 1985-1986
Evanston, IL
- Medical Lab Technologist.
- Roche BioMedical Laboratories** 1984-1985
Evanston, IL
- Medical Lab Technologist.

Nisha V. Patel, M.D.



EDUCATION:

University of Illinois Urbana-Champaign, IL B.S. in Economics, Spanish, and Pre-med	2000 - 2003
Saint James School of Medicine Bonaire, Netherlands Antilles Doctorate of Medicine	2004 - 2007

GRADUATE MEDICAL EDUCATION

Saint Joseph Hospital Family Medicine Residency Program Chicago, IL	2007 - 2010
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BOARD CERTIFICATION AND MEDICAL LICENSURE

Board Certified in Family Medicine Licensed physician in the state of Illinois: License number 036.124169	Passed December 2010
--	----------------------

FACULTY APPOINTMENTS

Feinberg School of Medicine, Northwestern University Faculty, Department of Family Medicine	March 2011- present
---	---------------------

HOSPITAL/CLINIC APPOINTMENTS

Apollo Health Center, Des Plaines, IL Outpatient Clinic Physician	Upon Licensure
Northwest Community Hospital, Arlington Heights, IL On Staff Physician, Department of Family Medicine	August 2010-present
Saint Alexius Hospital, Hoffman Estates, IL On Staff Physician, Department of Family Medicine	August 2010-present
Alexian Brothers Hospital, Elk Grove, IL On Staff Physician, Department of Family Medicine	August 2010-present

ADMINISTRATIVE APPOINTMENTS

Executive Chief Resident, Saint Joseph Hospital 2009-2010
Responsibilities included overseeing OB/GYN, family practice, podiatry and general surgery chief residents, creating moonlighting schedule, payroll, organizing medical ethics conferences, organizing interdepartmental events and activities

Team Leader, Global Health Ministry Peru Mission November 2009

Clinical Director, American Health Center, Arlington Heights August 2010-present

COMMITTEE SERVICE

Graduate Medical Education Committee Resident Representative 2009-2010
Saint Joseph Hospital

Medical Ethics Committee Leader 2009-2010
Saint Joseph Hospital

AWARDS, HONORS, DISTINCTIONS

Intern of the Year Award June 2008
Saint Joseph Hospital

Roger Nosal, M.D. Leadership Award, Nominee June 2010
Saint Joseph Hospital

PROFESSIONAL SOCIETY MEMBERSHIPS

American Medical Association
Chicago Medical Society
American Academy of Family Physicians

PROFESSIONAL AND SCIENTIFIC SERVICE

Global Health Ministry, Peru division November 2009
Medical relief work in rural areas of Peru
Set up travelling clinic and saw over 60 patients per day

TEACHING

Conference Leader, Medical Ethics Committee 2009-2010
Saint Joseph Hospital

Conference Leader, Seton Family Health Center 2009-2010
Responsible for teaching and evaluating 3rd and 4th year UIC medical students rotating at Seton Family Health Center for their family medicine rotation.

Clinical Educator/Team Leader, Global Health Ministry, Peru
Responsible for teaching residents, nurses and medical assistants medical protocols

November 2009

PRESENTATIONS:

ENT for the PCP
Saint Joseph Hospital

October 2007

GERD: Diagnosis and Management
Saint Joseph Hospital

April 2008

Difficult Cases in Medical Ethics
Saint Joseph Hospital

March 2009

HPV: A Review and Update in Diagnosis and Management
Saint Joseph Hospital

February 2010

Global Health Ministry & Resurrection Health Care: Two Missions, One Goal: Helping Others
An ACGME Cultural Competency & Community Service Project
Saint Joseph Hospital Research Day

May 2010

Marge L. Jannotta, R.N.

OBJECTIVE

To obtain a position in a medical environment utilizing my educational and professional background.

QUALIFICATION SUMMARY

- Over 11 years of experience in the medical field
- - Recipient of the Luther Christman Excellence in Nursing Award
- Extremely capable of handling multiple tasks within a busy work environment.

CAREER EXPERIENCE

August 2011 – Present	Apollo Health Center, Ltd. Nursing Supervisor	Des Plaines, IL
		Des Plaines, IL
August 2006 – August 2011	Dimensions Medical Center Nursing Supervisor	
2005-2006	Dimensions Medical Center Staff Nurse	Des Plaines, IL
	Rush Presbyterian St. Luke Hospital Staff Nurse	Chicago, IL
	<ul style="list-style-type: none">• Primary nursing in surgical unit including ICU step-down unit, cardiac monitoring, chemotherapy, heavy post-op patients.• Frequent charge nurse and preceptor• Recipient 1986 Luther Christman Excellence in Nursing Award	

EDUCATION BACKGROUND

Rush Presbyterian St. Luke School of Nursing
BSN

Harper College
Associates Degree
Trustee Honor Roll, 2 years

1999

Nursing update with 56 CEU's

Exhibit V

The facility is located at 2750 South River Road, Des Plaines, Illinois 60004. Hours of operation will be open 7:00 a.m. until 4:00 p.m. Monday, Tuesday, Thursday, Friday and Saturday. The facility will offer Gynecology, Urology and Gastroenterology services.

Upon licensure by the Illinois Department of Public Health, a qualified Physician will be present in the facility at all times during the operative and post-operative period for all patients, and a minimum of one (1) qualified Registered Nurse will be on duty at all times when surgical patients are in the building.

Patients and visitors arrive in the facility from an ADA accessible entryway into the reception area/waiting room. There is also an ADA accessible male/female lavatory near the waiting area for visitors' use.

The reception area will be staffed during all hours the facility is open. Individuals who are responsible for clerical, admissions, cashiering, data processing and pre-operative counseling will staff this area.

Patient charts will be kept in locking storage cabinets in the Reception area.

There will be a CLIA certified, (moderately complex) laboratory which will perform in-house testing.

The Lab Director and Technical Consultant will oversee the lab, which will be staffed with Medical Technologists and/or Lab Assistants. The lab will receive urine samples through a "pass thru" door from the adjacent lavatory.

Ultrasound services will be provided in the exam/ultrasound room located next to the lab. A trained technician will provide ultrasound services.

Private interview/counsel space will be available in office/counseling rooms.

The facility has been designed to ensure "one-way" traffic pattern flow of patients. They will enter the surgical suite through one entrance and return to the waiting room from another.

Staff will change into scrubs in the Staff Gown Room which will have lockers, scrubs and other operating room attire. A lavatory and staff lounge will be located near this area.

Patients will change from street clothing into clean gowns in the Patient Change Area. In this area, there are locking "pass thru" lockers for the patients. Patients will retrieve their belongings on the other side of the Patient Change Area and exit to the waiting room.

The facility contains two operating rooms. Two complete scrub stations are also provided in the surgical area.

There are three examination rooms. Each examination room contains a scrub sink.

Clean materials will be assembled within the clean work/supply room prior to use in the surgical suite. The clean work area contains counters, a sink, and storage space for clean and sterile supplies. Autoclaves and cold sterilization will be located within this area.

In the Soiled Work Room, there will be a fully equipped work counter, sink and waste receptacles, along with storage cabinets. Biohazard waste will be disposed of in biohazard containers and collected by a qualified medical waste hauler weekly.

Narcotics will be stored in a double locked cabinet. Flammable anesthetics are prohibited. Nitrous Oxide and an Oxygen supply will be secured and stored in the Oxygen Storage Closet.

Two janitor closets will contain a floor receptor and storage space. Cleaning supplies will be kept in a storage closet inside the janitor's closet.

The Recovery Room will contain a nursing control station that provides for direct visual supervision of the recovery area for all patients. Charting and drug distribution services will also be handled from this station. A locked pharmaceutical storage cabinet will be provided. A scrub station with elbow activated faucets will be provided in this area. Two lavatory rooms will be provided solely for the use of recovering patients. The Recovery Room will be equipped with eight (8) recliner type chairs/full-size beds for maximum patient post-operative recuperation. A beverage/snack station with pre-packaged items will also be provided in the Recovery Room.

An emergency ambulance exit is available through the corridor from the surgical area. The Medical Director of the facility has admitting privileges to a hospital less than 15 minutes away.

Procedure Code	Description
43200	Esophagoscopy, diagnostic, with or without collection of specimen(s) by brushing or washing
43202	Esophagoscopy with biopsy, single or multiple
43204	Esophagoscopy with injection sclerosis of esophageal varices
43216	Esophagoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
43227	Esophagoscopy with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma coagulator)
43231	Esophagoscopy with endoscopic ultrasound examination
43234	Upper gastrointestinal endoscopy, simple primary examination (eg, with small diameter flexible endoscope) (separate procedure)
43235	Upper gastrointestinal endoscopy including esophagus, stomach and either the duodenum and/or jejunum as appropriate; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
43245	Upper gastrointestinal endoscopy with dilation of gastric outlet for obstruction (eg, balloon, guide wire, bougie)
45000	Transrectal drainage of pelvic abscess
45005	Incision and drainage of submucosal abscess, rectum
45100	Biopsy of anorectal wall, anal approach (eg, congenital
45300	Proctosigmoidoscopy, rigid: diagnostic, with or without collection of specimens(s) by brushing or washing (separate
45305	Proctosigmoidoscopy with biopsy, single or multiple
45308	Proctosigmoidoscopy with removal of single tumor, polyp, or other lesion by hot biopsy forceps or bipolar cautery
45309	Proctosigmoidoscopy with removal of single tumor, polyp, or other lesion by snare technique
45330	Sigmoidoscopy, flexible; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
45331	Sigmoidoscopy with biopsy, single or multiple
45333	Sigmoidoscopy with removal of foreign body
45334	Sigmoidoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps or bipolar cautery
45335	Sigmoidoscopy with directed submucosal injections(s), any substance
45355	Colonoscopy, rigid or flexible, transabdominal via colotomy, single or multiple
45378	Colonoscopy, flexible, proximal to splenic flexure; diagnostic, with or without collection of specimen(s) by brushing or washing, with or without colon decompression (separate procedure)
45380	Colonoscopy with biopsy, single or multiple
45381	Colonoscopy with directed submucosal injection(s), any
45382	Colonoscopy with control of bleeding (eg, injection, bipolar cautery, unipolar cautery, laser, heater probe, stapler, plasma

Procedure Code	Description
45383	Colonoscopy with ablation of tumor(s), polyp(s), or other lesion(s) not amenable to removal by hot biopsy forceps, bipolar cautery or snare technique
45384	Colonoscopy with removal of tumor(s), polyp(s), or other lesion(s) by hot biopsy forceps, bipolar cautery
45385	Colonoscopy with removal of tumor(s), polyp(s), or other lesion(s) by snare technique
49320	Laparoscopy, abdomen, peritoneum, and omentum; diagnostic, with or without collection of specimen(s) by brushing or washing (separate procedure)
52000	Cystourethroscopy (separate procedure)
52001	Cystourethroscopy with irrigation and evacuation of multiple obstructing clots
50007	Cystourethroscopy, with biopsy(s)
52204	Cystoscopy, with biopsy
52214	Cystourethroscopy, with fulguration (including cryosurgery or laser surgery) of trigone, bladder neck, prostatic fossa, urethra, or periurethral glands
52290	Cystourethroscopy; with ureteral meatotomy, unilateral or
52630	Transurethral resection; residual or regrowth of obstructive prostate tissue including control of postoperative bleeding, complete (vasectomy, meatotomy, cystourethroscopy, urethral calibration and/or dilation, and internal urethrotomy are included
53240	Marsupialization of urethral diverticulum, male or female
54050	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; chemical
54055	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple;
54056	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; cryosurgery
54057	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; laser surgery
54060	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), simple; surgical
54065	Destruction of lesion(s), penis (eg, condyloma, papilloma, molluscum contagiosum, herpetic vesicle), extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
54150	Circumcision, using clamp or other device with regional dorsal penile or ring block
54161	Circumcision, surgical excision other than clamp, device or dorsal slit; older than 28 days of age
54162	Lysis or excision of penile post-circumcision adhesions
54163	Repair incomplete circumcision
55200	Vasotomy, cannulization with or without incision or vas, unilateral or bilateral (separate procedure)
55250	Vasectomy, unilateral or bilateral (separate procedure), including postoperative semen examination(s)

Procedure Code	Description
55450	Ligation (percutaneous) of vas deferens, unilateral or bilateral (separate procedure)
56405	Incision and drainage of vulva or perineal abscess
56420	Incision and drainage of Bartholin's gland abscess
56440	Marsupialization of Bartholin's gland cyst
56441	Lysis of labial adhesions
56442	Hymenotomy, simple incision
56501	Destruction of lesion(s), vulva; simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56515	Destruction of lesion(s), vulva; extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
56605	Biopsy of vulva or perineum (separate procedure); 1 lesion
56700	Partial hymenectomy or revision of hymenal ring
56740	Excision of Bartholin's gland or cyst
56821	Colposcopy of the vulva with biopsy(s)
57000	Colpotomy; with exploration
57010	Colpotomy; with exploration with drainage of pelvic abscess
57020	Colpocentesis (separate procedure)
57022	Incision and drainage of vaginal hematoma;
57023	Incision and drainage of vaginal hematoma; non-obstetrical (eg, post-trauma, spontaneous bleeding)
57061	Destruction of vaginal lesion(s); simple (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57065	Destruction of vaginal lesion(s); extensive (eg, laser surgery, electrosurgery, cryosurgery, chemosurgery)
57100	Biopsy of vaginal mucosa; simple (separate procedure)
57105	Biopsy of vaginal mucosa; extensive, requiring suture (including cysts)
57120	Colpocleisis (Le Fort type)
57135	Excision of vaginal cyst or tumor
57410	Pelvic examination under anesthesia (other than local)
57415	Removal of impacted vaginal foreign body (separate procedure) under anesthesia (other than local)
57513	Cautery of cervix; laser ablation
57520	Conization of cervix, with or without fulguration, with or without dilation and curettage, with or without repair; cold knife or laser
58120	Dilation and curettage, diagnostic and/or therapeutic
58345	Transcervical introduction of fallopian tube catheter for diagnosis and/or re-establishing patency (any method), with or without hysterosalpingography
58555	Hysteroscopy, diagnostic (separate procedure)
58558	Hysteroscopy, surgical; with sampling (biopsy) of endometrium and/or polypectomy, with or without D & C
58559	Hysteroscopy, with lysis of intrauterine adhesions (any method)
58563	Hysteroscopy, surgical; with endometrial ablation (eg, endometrial resection, electrosurgical ablation, thermoablation)

Procedure Code	Description
58600	Ligation or transection of fallopian tube(s), abdominal or vaginal approach, unilateral or bilateral
58660	Laparoscopy, surgical; with lysis of adhesions (salpingolysis)
58661	Laparoscopy, surgical; with removal of adnexal structures (partial or total oophorectomy and/or salpingectomy)
58662	Laparoscopy, surgical; with fulguration or excision of lesions of the ovary, pelvic viscera, or peritoneal surface by any method
58670	Laparoscopy, surgical; with fulguration of oviducts (with or without transection)
58671	Laparoscopy, surgical; with occlusion of oviducts by device (eg, band, clip or Falope ring)
58740	Lysis of adhesions (salpingolysis, ovariolysis)
59812	Treatment of incomplete abortion, any trimester, completed surgically
59820	Treatment of missed abortion, completed surgically; first trimester
59821	Treatment of missed abortion, completed surgically; second trimester
59830	Treatment of septic abortion, completed surgically
59840	Induced abortion, by dilation and curettage
59841	Induced abortion, by dilation and evacuation
59856	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin)with or without cervical dilation (eg, laminaria), with dilation and curettage and/or evacuation
59857	Induced abortion, by 1 or more vaginal suppositories (eg, prostaglandin)with or without cervical dilation (eg, laminaria), with hysterotomy (failed medical evacuation)
59870	Uterine evacuation and curettage for hydatidiform mole

Exhibit VII

This is to certify that Apollo Health Center, Ltd. will be in compliance with "Section 205.350, Laboratory Services."

Sincerely,



Vera Schmidt
Administrator

AGREEMENT

I, Nisha Patel, M.D., am a physician licensed in the State of Illinois.

I hereby state that I have admitting and practice privileges at Alexian Brothers Medical Center at 800 Biesterfield Road, Elk Grove Village, Illinois 60007.

By entering into this agreement with the medical facility located at 2750 South River Road, Des Plaines, Illinois 60018, I hereby agree that I will assume responsibility for the facility patients requiring hospitalization.

Signature _____



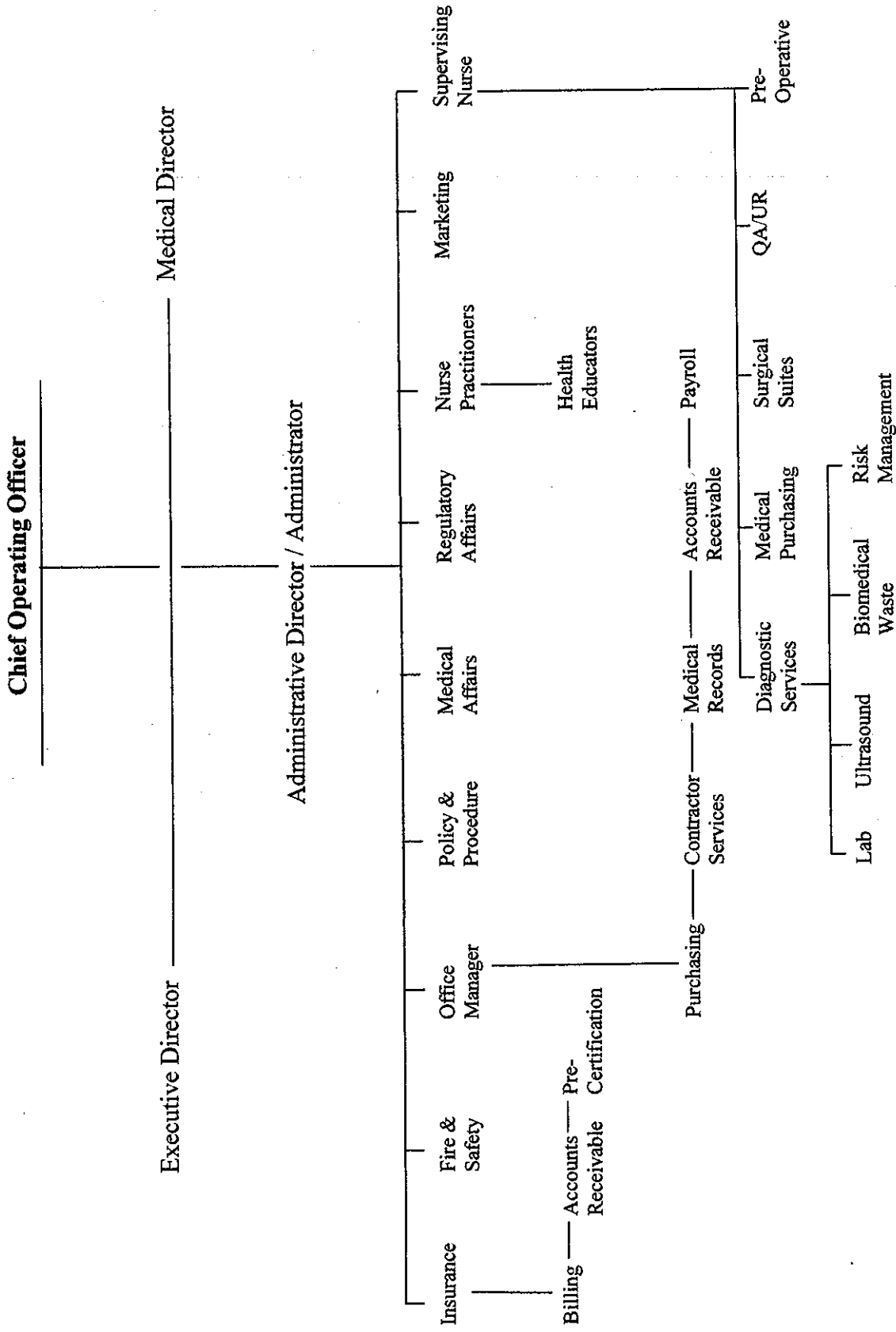
Date _____

1/10/2011



Jessica Bridgewater
1/10/11

Apollo Health Center, Ltd.





STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

September 13, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Vera Schmidt, Chief Executive Officer
Apollo Health Center, Ltd.
1640 North Arlington Heights Road, Suite 110
Arlington Heights, Illinois 60004

RE: PERMIT: #11-002 - Apollo Health Center, Ltd.

Dear Ms. Schmidt:

On July 21, 2011, the Illinois Health Facilities and Services Review Board ("Board") approved the application for permit for the referenced project based upon the project's substantial conformance with the applicable standards and criteria of Part 1110 and 1120. In arriving at a decision, the State Board considered the findings contained in the State Agency Report, the application material, and any testimony made before the State Board.

- **PROJECT: #11-002 - Apollo Health Center, Ltd** - The permit holder is approved for the establishment of a multi-specialty ambulatory surgical treatment center in 5,853 gross square feet of space at a cost of \$2,536,751. The facility is located at 2750 South River Road, Des Plaines, Illinois. The permit holder is approved for 2 operating rooms and 8 recovery stations and the following surgical specialties: gastroenterology, obstetric/gynecology, and urology. The operating entity licensee is Apollo Health Center, Ltd. The owner of the site is Forestview River, LP.
- **CONDITION/STIPULATION**: Within 15 months from the date that Apollo Health Center, Ltd. (Apollo), a multi-specialty ambulatory surgical treatment center (ASTC), obtains a license as an ASTC from the Illinois Department of Public Health, Apollo must provide actual, specific payor-mix statistics to the Board in a written report. This report must specify the percentage of Apollo patients receiving charity care and the percentage of Apollo patients receiving the 80% facility and physician financial, hardship discount. This report should also encompass payor-mix statistics for the 12 month period after the Board approved Apollo's permit to establish an ASTC.
- **PERMIT HOLDER**: Apollo Health Center Ltd., 1640 North Arlington Road, Suite 110 Arlington Heights, Illinois
- **PERMIT AMOUNT**: \$2,536,751
- **PROJECT OBLIGATED BY**: July 31, 2012
- **PROJECT COMPLETION DATE**: July 31, 2012

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and **is not transferable or assignable**. In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130. The permit holder is responsible for complying with the following requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in State Board action to revoke the permit.

1. OBLIGATION-PART 1130.720

The project must be obligated by the **Project Obligation Date**, unless the permit holder obtains an "Extension of the Obligation Period" as provided in 77 Ill. Adm. Code 1130.730. Obligation is to be reported as part of the first annual progress report for permits requiring obligation within 12 months after issuance. For major construction projects which require obligation within 18 months after permit issuance, obligation must be reported as part of the second annual progress report. If project completion is required prior to the respective annual progress report referenced above, obligation must be reported as part of the notice of project completion. The reporting of obligation must reference a date certain when at least 33% of total funds assigned to project cost were expended or committed to be expended by signed contracts or other legal means.

2. ANNUAL PROGRESS REPORT-PART 1130.760

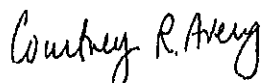
An annual progress report must be submitted to IDPH every 12-month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

The permit holder must submit a written notice of project completion as defined in Section 1130.140. Each permit holder shall notify IHFSRB within 30 days following the project completion date and provide supporting documentation within 90 days following the completion date and must contain the information required by Section 1130.770. **Please note the Illinois Department of Public Health will not license the proposed facility until all of the Board's permit and post permit requirements have been completed.**

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction. Should you have any questions regarding the permit requirements, please contact Mike Constantino at 217-782-3516.

Sincerely,




Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board

Exhibit XII

This is to certify that Apollo Health Center, Ltd. will be in compliance with all applicable building, utility and safety codes within the Village of Des Plaines, Illinois.

Sincerely,

A handwritten signature in black ink, appearing to read 'Vera Schmidt', written in a cursive style.

Vera Schmidt
Administrator



Future Facility Address:
2750 South River Road
Des Plaines, IL 60018

Mailing Address:
P.O. Box 1025
Arlington Heights, IL 60006

Business Office Phone: 847.255.7400 Fax: 847.398.4585

September 23, 2011

Sent Via UPS Express

Validation Unit
Illinois Department of Public Health
Division of Financial Services
535 West Jefferson Street
4th Floor
Springfield, IL 62761

To Whom It May Concern,

Enclosed please find the Ambulatory Surgical Treatment Center Initial Licensure Application for Apollo Health Center, Ltd. Also enclosed is a money order paid to the order of Illinois Department of Public Health in the amount of \$500 (initial application fee paid in full).

Please note that the site is not currently occupied by Apollo Health Center, Ltd. pending IDPH licensure. Please forward all correspondence to the following address:

P.O. Box 1025
Arlington Heights, IL 60006-1025

If you have any questions, please feel free to contact me at our business office at (847)255-7400 or via email at veras@officegci.com. If I happen to be unavailable via telephone, you can ask for my assistant, Jessica Bridgewater, at the same telephone number.

Sincerely,

Vera Schmidt
Administrator
Apollo Health Center, Ltd.

Enclosure



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

September 12, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Vera Schmidt, Chief Executive Officer
Apollo Healthcare Limited, Ltd.
1640 North Arlington Heights Road, Suite 110
Des Plaines, Illinois 60018

RE: PERMIT: #11-002 - Apollo Healthcare Limited, Ltd.

Dear Ms. Schmidt:

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- **PERMIT HOLDER**: Apollo Healthcare Limited, Ltd., 1640 North Arlington Road, Des Plaines, Illinois
- **PERMIT AMOUNT**: \$2,536,751
- **PROJECT OBLIGATED BY**: July 31, 2012
- **PROJECT COMPLETION DATE**: July 31, 2012

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and **is not transferable or assignable**. In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130. The permit holder is responsible for complying with the following requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in State Board action to revoke the permit.

1. OBLIGATION-PART 1130.720

The project must be obligated by the **Project Obligation Date**, unless the permit holder obtains an "Extension of the Obligation Period" as provided in 77 Ill. Adm. Code 1130.730. Obligation is to be reported as part of the first annual progress report for permits requiring obligation within 12 months after issuance. For major construction projects which require obligation within 18 months after permit issuance, obligation must be reported as part of the second annual progress report. If project completion is required prior to the respective annual progress report referenced above, obligation must be reported as part of the notice of project completion. The reporting of obligation must reference a date certain when at least 33% of total funds assigned to project cost were expended or committed to be expended by signed contracts or other legal means.

2. ANNUAL PROGRESS REPORT-PART 1130.760

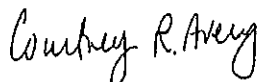
An annual progress report must be submitted to IDPH every 12-month from the permit issuance date until such time as the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-PART 1130.770

The permit holder must submit a written notice of project completion as defined in Section 1130.140. Each permit holder shall notify IHFSRB within 30 days following the project completion date and provide supporting documentation within 90 days following the completion date and must contain the information required by Section 1130.770. **Please note the Illinois Department of Public Health will not license the proposed facility until all of the Board's permit and post permit requirements have been completed.**

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications prior to construction. Should you have any questions regarding the permit requirements, please contact Mike Constantino at 217-782-3516.

Sincerely,



Courtney R. Avery, Administrator
Illinois Health Facilities and Services Review Board