

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH,
STATE OF ILLINOIS,)

Complainant,)

v.)

ALBANY MEDICAL SURGICAL CENTER,
License No. 7000789,)

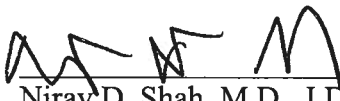
Respondent.)

Docket No. ASTC 15-005

FINAL ORDER

The attached Consent Agreement of the parties is approved, and IT IS HEREBY ORDERED that this matter is dismissed pursuant to the terms contained herein.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

By:  _____
Nirav D. Shah, M.D., J.D.
Director

March 28, 2016
Date

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH,)
STATE OF ILLINOIS,)

Complainant,)

v.)

ALBANY MEDICAL SURGICAL CENTER,)
License No. 7000789,)

Respondent.)

Docket No. ASTC 15-005

PROOF OF SERVICE

The undersigned certifies that she caused a true and correct copy of the attached Final Order to be served by regular mail in a sealed envelope, postage prepaid, to:

Richard M. Kates
Attorney at Law
111 West Washington Street, Suite 1900
Chicago, IL 60602

That said document was deposited in the United States Post Office at Chicago, Illinois, on the _____ day of _____, 2015.

Marcia Hollins
Illinois Department of Public Health

cc: Camela Gardner, A.L.J.
Debra Bryars, OHCR
Karen Senger, OHCR
Henry Kowalenko, OHCR
Melissa Cheffy [Springfield Final Order File]

application stated that Family Planning Associates Medical Group ("FPAMG") was the independent contractor that would manage and operate the Facility.

6. On or about October 26, 2015, the Department received a letter from E. Steve Lichtenberg, MD, MPH, stating that FPAMG would no longer be managing the Facility, effective October 21, 2015. Additionally, the letter informed the Department that the Facility's administrator, medical director and supervising nurse – the same individuals identified in Respondent's renewal application – were resigning effective 11:59 p.m., October 21, 2015.
7. With the departure of FPAMG, Respondent did not have the necessary staff to comply with the Act or Code §§ 205.118, 205.125, 205.210, 205.220 and 205.230 since October 21, 2015.
8. On or about November 18, 2015, the Department issued a Notice of Refusal to Renew License; and Notice of Opportunity for Administrative Hearing to Respondent (Docket No. ASTC 15-005), incorporated herein as Enclosure II.
9. Respondent timely requested a hearing to contest the Department's allegations, determinations, and notices set forth in Paragraph 8 above.
10. The Department and Respondent have agreed, in order to resolve this matter, that Respondent be permitted to enter into this Consent Agreement and Request for Final Order ("Consent Agreement") with the Department, providing for the imposition of certain provisions that are consistent with the best interests of the People of the State of Illinois, subject to the entering of a Final Order dismissing this matter.
11. This Consent Agreement is a compromise and settlement of violations alleged in Docket Number ASTC 15-005. This Consent Agreement shall not be used in determining liability in any action brought by a third party not a signatory to this Consent Agreement against Respondent. Nothing herein shall be considered an admission of fault of any kind by Respondent as to any action brought by a third party, nor shall anything herein be considered a reflection of any weakness of proof by the Department. The parties agree that this Consent Agreement is entered into solely for the purpose of settlement and, except for actions between the Department and Respondent, does not constitute an admission of any liability or wrongdoing by the Respondent, its parent, subsidiaries or other related entities, or each of its directors, officers, employees, agents, successors, assigns and attorneys. Nothing in this Paragraph shall prevent the Department from using violations admitted herein in any other matter before the Department.

NOW, THEREFORE, in consideration of the aforesaid Recitals and representations, the mutual covenants and provisions hereinafter set forth, and for other good and valuable

consideration, the receipt and sufficiency of which are mutually acknowledged by the parties, the parties hereby agree as follows:

ARTICLE I
Respondent's Consideration

- 1.1 Respondent hereby withdraws its request for a hearing in this matter, thereby expressly waiving its right to contest the Notice of Refusal to Renew License as described in Paragraph 8 of the Recitals.
- 1.2 Within ten days of receipt of the Department's Final Order in this matter, Respondent shall voluntarily surrender its ambulatory surgical treatment center license - License No. 7000789 - to the Department. The license must be delivered to Karen Senger, Division of Health Care Facilities and Programs, Illinois Department of Public Health, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761.
- 1.3 Upon execution of this Consent Agreement, Respondent releases the Department from its obligations under the Consent Agreement dated July 24, 2015, as described in Paragraph 4 of the Recitals.

ARTICLE II
Department's Consideration

- 2.1 The Department hereby acknowledges that Respondent, notwithstanding varied efforts, has been unable to locate quality staff to manage and operate the Facility in compliance with the Act and Code.
- 2.2 Upon execution of this Consent Agreement, the Department releases Respondent from its obligations under the Consent Agreement dated July 24, 2015, as described in Paragraph 4 of the Recitals.

ARTICLE III
General Provisions

- 3.1 This Consent Agreement shall become binding on, and shall inure to the benefit of, the parties hereto, their successors, or assignees immediately upon the execution of this Consent Agreement by the Director of Public Health, or his designee, dismissing the above-captioned matter with prejudice.
- 3.2 The provisions of this Consent Agreement shall apply notwithstanding any transfer of facility ownership or interest. Should Respondent fail to comply with any

provisions of this Consent Agreement, the Department may reinstate this action against Respondent, and if Respondent no longer exists as a legal entity, said action shall proceed against any person having five percent (5%) or more interest in Respondent.

- 3.3 In the event that any of the provisions of Article I are not complied with within the times specified therein, this Consent Agreement will be held for naught, except for the provisions referred to in Paragraph 1.1 wherein Respondent has withdrawn its request for hearing to contest this matter.
- 3.4 It is hereby agreed that this matter be dismissed with prejudice, all matters in controversy for which this matter was brought having been fully settled, compromised, and adjourned.
- 3.5 This Consent Agreement constitutes the entire agreement of the parties, and no other understandings, agreements, or representations, oral or otherwise, exist or have been made by or among the parties with respect to Docket No. ASTC 15-005. The parties hereto acknowledge that they, and each of them, have read and understood this Consent Agreement in all respects.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

7(1)(b)

By: Snigdha Acharya
Deputy General Counsel
Illinois Department of Public Health

3/25/16
Date

ALBANY MEDICAL SURGICAL CENTER

7(1)(b)

By: Richard M. Kates
Attorney on behalf of
Albany Medical Surgical Center

3/25/16
Date

Enclosure I

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH,
STATE OF ILLINOIS,)

Complainant,)

v.)

ALBANY MEDICAL SURGICAL CENTER,
License No. 7000789,)

Respondent.)

Docket No. ASTC 15-002

PROOF OF SERVICE

The undersigned certifies that she caused a true and correct copy of the attached Final Order to be served by certified mail in a sealed envelope, postage prepaid, to:

Richard M. Kates
Attorney at Law
111 West Washington Street, Suite 1900
Chicago, IL 60602

That said document was deposited in the United States Post Office at Chicago, Illinois, on the 24th day of July, 2015.



Marcia Hollins
Illinois Department of Public Health

cc: Camela Gardner, A.L.J.
Debra Bryars, OHCR
Karen Senger, OHCR
Henry Kowalenko, OHCR
Melissa Cheffy [Springfield Final Order File]
Sean McAuliff

DEPARTMENT OF PUBLIC HEALTH
STATE OF ILLINOIS

THE DEPARTMENT OF PUBLIC HEALTH,
STATE OF ILLINOIS,)

Complainant,)

v.)

ALBANY MEDICAL SURGICAL CENTER,
License No. 7000789,)

Respondent.)

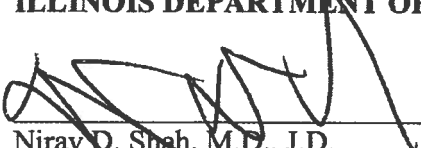
Docket No. ASTC 15-002

FINAL ORDER

The attached Consent Agreement of the parties is approved, and IT IS HEREBY ORDERED that this matter is dismissed pursuant to the terms contained herein.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

By:



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

7-24-15

Date

2015 (“POC”), incorporated herein as Attachment B.

6. The Department and Respondent have agreed, in order to resolve this matter, that Respondent be permitted to enter into this Consent Agreement and Request for Final Order (“Consent Agreement”) with the Department, providing for the imposition of certain provisions that are consistent with the best interests of the People of the State of Illinois, subject to the entering of a Final Order dismissing this matter.
7. This Consent Agreement is a compromise and settlement of violations alleged in Docket Number ASTC 15-002. This Consent Agreement shall not be used in determining liability in any action brought by a third party not a signatory to this Consent Agreement against Respondent. Nothing herein shall be considered an admission of fault of any kind by Respondent as to any action brought by a third party, nor shall anything herein be considered a reflection of any weakness of proof by the Department. The parties agree that this Consent Agreement is entered into solely for the purpose of settlement and, except for actions between the Department and Respondent, does not constitute an admission of any liability or wrongdoing by the Respondent, its parent, subsidiaries or other related entities, or each of its directors, officers, employees, agents, successors, assigns and attorneys. Nothing in this Paragraph shall prevent the Department from using violations imposed herein in any other matter before the Department, as set forth in Paragraph 1.2 below.

NOW, THEREFORE, in consideration of the aforesaid Recitals and representations, the mutual covenants and provisions hereinafter set forth, and for other good and valuable consideration, the receipt and sufficiency of which are mutually acknowledged by the parties, the parties hereby agree as follows:

ARTICLE I
Respondent’s Consideration

- 1.1 Respondent hereby withdraws its request for a hearing in this matter, thereby expressly waiving its right to contest the Statements of Deficiencies and Notice of Fine Assessment, as described in Paragraph 3 of the Recitals and amended by this Consent Agreement.
- 1.2 The Respondent agrees not to contest the imposition of the violations in the present matter or contest that they were imposed in any future matter before the Department. Therefore, the violations of the Code identified in Attachment A are imposed against the Respondent and Respondent agrees to pay the Fine Assessment pursuant to the terms set forth in Paragraph 1.3 below.
- 1.3 Within thirty days of receipt of the Department’s Final Order in this matter, Respondent must deliver to the Department a check in the amount of Twenty-five Thousand dollars

(\$25,000.00) (“agreed fine amount”). The check for the agreed fine amount shall be made out to the Illinois Department of Public Health, and delivered to the Illinois Department of Public Health, P.O. Box 4263, Springfield, Illinois 62708. The agreed fine amount will be in full satisfaction of all matters in controversy for which this action was brought by the Department against Respondent.

1.4 The Respondent must follow the plan of correction as set forth in Attachment B. The deadlines set forth in this Consent Agreement supersede the deadlines established in the POC.

1.5 The Respondent must adhere to the following deadlines related to the building construction plans in the POC:

- a. Design Development Submittal: September 4, 2015.
- b. IDPH Review Complete: September 18, 2015.
- c. Construction Document IDPH Submittal (100%): January 8, 2016.
- d. IDPH Review Complete: February 5, 2016.
- e. Building Permit/Bidding Completion: April 14, 2016.
- f. Construction Completion: December 14, 2016.
- g. Pre-occupancy Certification Submission: December 14, 2016.
- h. IDPH Occupancy Permit: January 14, 2017.

1.6 The Respondent must adhere to the following procedures until the Respondent receives written notification from the Department that the POC has been successfully completed:

- a. Respondent will evaluate each patient to determine the patient’s risk and appropriate level of sedation.
- b. No more than one patient will be in active surgery at any given time.
- c. Only short-duration anesthetic agents will be utilized. For short term anesthesia, intravenous propofol given in bolus dosing will be used. A small amount of the analgesic Ketorolac (Toradol) will be given during surgery for post operative pain. Drugs to reverse the effects of reversible anesthetic agents will be maintained and immediately available in each of the two surgical suites and in the acute postsurgical recovery room. Patients will not be intubated.

- d. All emergency equipment, including the oxygen flow monitor on the anesthesia machine, will have self-contained battery-powered backup in the event of an emergency generator failure. Each surgical suite will have a Detex-Ohmeda Cardiocap/5 that records pulse oximetry, end title CO-2, EKG and vital signs; its backup battery will power the unit for a minimum of fifteen minutes. A Care-E-Vac suction machine with a backup battery that will power the unit for a minimum of one hour will be present at all times. The defibrillator battery backup will function for a minimum of 2.5 hours. The following will be in the acute postsurgical recovery room at all times: 1) a Care-E-Vac3 suction machine with a backup battery that will power the unit for a minimum of one hour; 2) a Zoll M series defibrillator and pulse oximetry machine with a battery backup that will power the unit for a minimum of 2.5 hours; 3) a Welch Allyn spot vital sign machine that records pulse oximetry blood pressure and temperature with a fully charged battery that will provide up to 130 results; 4) a Dinamap Critikon Critikon 8100 blood pressure cuff with a battery backup that will power the unit for a minimum of ten hours; and 5) a Casmed 740 that records pulse oximetry, blood pressure and temperature with a battery backup that will function for a minimum of 2.5 hours.
- e. Ambu bags and oxygen tanks will be readily available at all times in both surgical suites and the acute postsurgical recovery room to oxygenate patients without electricity.
- f. All emergency generators and battery backup life safety systems will be inspected and tested weekly in accordance with the requirements of NFPA 101 (2000), Chapter 21, Existing Ambulatory Healthcare Occupancies, and associated references. Logs of such inspections will be provided to the Department on the first Wednesday of every month.
- g. All medical machines will be serviced and certified as fully functional every six months by a company specializing in the service of medical equipment. Copies of these certifications will be provided to the Department with the following month's log, as referenced in Paragraph 1.6(f).
- h. The operating room staff will always include a physician and a certified nurse anesthetist. The acute postsurgical recovery room will be monitored at all times by several specifically trained staff members, always including a registered nurse with experience in the clinic's specialties.
- i. Both surgical suites and the acute postsurgical recovery room will remain located no more than thirty feet from a double-door-wide exit from the building, ensuring an easy and rapid evacuation of all patients in an emergency.

- j. Staff will continue to be trained and drilled to evacuate the surgical center within less than five minutes after an alert, including the transport of a non-awake patient on a gurney to a secured area. The facility will regularly conduct emergency drills to prepare for sudden electrical failures, fire, and other examples of force majeure. Evacuation drills will be conducted monthly and a log will be provided to the Department on the first Wednesday of every month.
- 1.7 The Respondent must provide the Department written verification that all medical equipment referred to in Paragraph 1.6 has been inspected and found to be fully operational by a biomedical equipment technician within two weeks of the execution of this agreement. This verification and all reports referenced in Paragraph 1.6 must be delivered to Henry Kowalenko, Division of Life Safety and Construction, Illinois Department of Public Health, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761; Fax Number (217) 782-0382.
- 1.8 The Respondent must submit a report of its daily census for the prior week to the Department every Wednesday until the Respondent receives written notification from the Department that the POC has been successfully completed. The report must include the following information regarding each surgical patient seen the preceding week:
 - a. Date of procedure.
 - b. Type of procedure.
 - c. Length of procedure, rounded to the nearest thirty minute increment.
 - d. Gestational age of pregnancy.
 - e. American Society of Anesthesiologists Physical Classification.
 - f. Complications, as listed in the Induced Termination of Pregnancy Report (77 Ill. Adm. Code 505).
 - g. Hospital transfer, if any.
- 1.9 The Respondent must provide the Department a list of its medical staff and clinical nursing staff, including the specifically trained staff members referenced in Paragraph 1.6(h), within one week of the execution of this agreement. This list and the reports referenced in Paragraph 1.8 must be delivered to Karen Senger, Division of Health Care Facilities and Programs, Illinois Department of Public Health, 525 West Jefferson Street, 4th Floor, Springfield, Illinois 62761; Fax Number (217) 524-0488.

ARTICLE II
Department's Consideration

- 2.1 The Department hereby reduces the fine assessment from Forty Thousand dollars (\$40,000.00) to Twenty-five Thousand dollars (\$25,000.00), taking into consideration the additional information presented by Respondent.
- 2.2 The Department may modify the deadlines in Paragraph 1.5 if Respondent shows just cause for such modification. Respondent must request any such modification in writing and provide documentation supporting its request at least fifteen days prior to the established deadline. For the purposes of this Paragraph only, "just cause" shall be defined as any events or circumstances beyond the control of the Respondent, which were not reasonably foreseeable to the Respondent, and which prevent the Respondent from meeting the established deadline in good faith. By signing this Consent Agreement, Respondent affirmatively states that it understands the definitive nature of the deadlines set forth in Paragraph 1.5 and the requirement to meet each deadline. The Department, having sole authority and discretion, shall act reasonably in determining whether the Respondent has met the definition of "just cause" as set forth above.

ARTICLE III
General Provisions

- 3.1 This Consent Agreement shall become binding on, and shall inure to the benefit of, the parties hereto, their successors, or assignees immediately upon the execution of this Consent Agreement by the Director of Public Health, or his designee, dismissing the above-captioned matter with prejudice.
- 3.2 The provisions of this Consent Agreement shall apply notwithstanding any transfer of facility ownership or interest. Should Respondent fail to comply with any provisions of this Consent Agreement, the Department may revoke Respondent's license immediately without further notice. If Respondent no longer exists as a legal entity, said action shall proceed against any person having five percent (5%) or more interest in Respondent.
- 3.3 In the event that any of the provisions of Article I are not complied with within the times specified therein, or, if applicable, within any approved modifications or extensions pursuant to the process set forth in Paragraph 2.2, this Consent Agreement will be held for naught, except for the provision in Paragraph 1.1 wherein Respondent has withdrawn its request for hearing to contest this matter; thereby the Notice of Revocation will be affirmed. **Respondent agrees that any failure to comply with any provision of this Consent Agreement between the time it is served on the Respondent until such time as the Respondent receives written notification from the Department that the POC has been successfully completed will result in the immediate forfeiture of Respondent's ASTC License Number 7000789 without the right to an**

administrative hearing before the Department. Respondent further agrees that this does not limit the Department's ability to impose violations for unrelated deficiencies, nor will it limit Respondent's right to contest those same, unrelated deficiencies.

- 3.4 It is hereby agreed that this matter be dismissed with prejudice, all matters in controversy for which this matter was brought having been fully settled, compromised, and adjourned.
- 3.5 This Consent Agreement constitutes the entire agreement of the parties, and no other understandings, agreements, or representations, oral or otherwise, exist or have been made by or among the parties with respect to Docket No. ASTC 15-002. The parties hereto acknowledge that they, and each of them, have read and understood this Consent Agreement in all respects.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH

7(1)(b)
[Redacted Signature]

7/24/2015

By: Snigdha Acharya
Deputy General Counsel
Illinois Department of Public Health

Date

ALBANY MEDICAL SURGICAL CENTER

7(1)(b)
[Redacted Signature]

JULY 24, 2015

By: Richard M. Kates
Attorney on behalf of
Albany Medical Surgical Center

Date

Enclosure II

2. Pursuant to Code Section 205.125, Respondent submitted an Ambulatory Surgical Treatment Center Renewal Licensure application dated September 23, 2015 ("2016 Renewal Application") to the Department. The 2016 Renewal Application is incorporated herein as Exhibit A.
3. Section 205.125(b) of the Code states:

An application for license renewal shall include the following information:

- 1) The names and addresses of all persons who own the facility, any names under which any of these persons do business, and the type of ownership of the facility (for example, individual, partnership, corporation, or association). In addition, a corporation shall submit:
 - A) A list of the title, name and address of each of its corporate officers.
 - B) A list of the name and address of each of its shareholders holding more than 5% of the shares.
- 2) For other than individual ownership, the name and address of the Illinois Registered Agent or person(s) legally authorized to receive service of process for the facility.
- 3) The names and addresses of all persons under contract to manage or operate the facility.
- 4) The location of the facility.
- 5) Information regarding any conviction of the applicant, or if the applicant is a firm, partnership or association, of any of its members, or if the applicant is a corporation, of any of its officers or directors, or of the person designated to manage or supervise the facility, of a felony, or of two or more misdemeanors involving moral turpitude during the previous year.
- 6) The name, address, and telephone number of the administrator, medical director, and supervising nurse. In addition, the education, experience, credentials and any professional licensure or certification of these individuals must also be submitted if this information was not submitted with the initial application or a prior renewal application or if this information has changed since the prior submission.
- 7) A list of the medical staff including name, specialty and license number.

- 8) A list of all staff personnel including name, position, education, experience, and any professional licensure or certification.
 - 9) A list of surgical procedures being performed at the facility and documentation of the Consulting Committee's approval of the list.
4. Section 2, Paragraph 6 of the 2016 Renewal Application states Family Planning Associates Medical Group ("FPAMG") is the independent contractor that manages or operates the Facility. *See Exhibit A.*
 5. Section 3, Paragraph 1 of the 2016 Renewal Application identifies Diana Maracich as the Facility's administrator. Section 3, Paragraph 2 identifies E. Steve Lichtenberg, MD, MPH as the Facility's medical director. Section 3, Paragraph 3 identifies Holly Hines, RN as the Facility's supervising nurse. *See Exhibit A.*
 6. Supplement I of the 2016 Renewal Application lists the Facility's medical staff. *See Exhibit A.* The medical staff identified is affiliated with FPAMG.
 7. Supplement II of the 2016 Renewal Application lists the Facility's personnel. *See Exhibit A.* The personnel identified is affiliated with FPAMG.
 8. On or about October 26, 2015, the Department received a letter (incorporated herein as Exhibit B) from E. Steve Lichtenberg, MD, MPH, stating that FPAMG would no longer be managing the Facility, effective October 21, 2015. Additionally, the letter informed the Department that the Facility's administrator, medical director and supervising nurse – the same individuals identified in the 2016 Renewal Application – were resigning effective 11:59 p.m., October 21, 2015. *See Exhibit B.*
 9. As of October 22, 2015, the Facility has not had an administrator, a medical director, a supervising nurse, any medical staff or any staff personnel. Given the foregoing, Respondent is in violation of or unable to comply with the following Code sections: 205.118(e); 205.125(b); 205.210; 205.220; and 205.230.
 10. Section 6.1 of the Act and Section 205.118(e) of the Code state, in pertinent part:

Any corporation operating an ambulatory surgical treatment center devoted primarily to providing facilities for abortion must have a physician who is licensed to practice medicine in all of its branches and is actively engaged in the practice of medicine at the ambulatory surgical treatment center, on the Board of Directors as a condition to licensure of the ambulatory surgical treatment center.
 11. Respondent is devoted primarily to providing facilities for abortion. Respondent does not have a physician who is licensed to practice medicine in all of its branches and is actively engaged in the practice of medicine at the ambulatory surgical treatment center, on the Board of Directors. Respondent is therefore in violation of

Section 6.1 of the Act and Section 205.118(e) of the Code and does not meet the statutory conditions for licensure.

These conditions constitute the Facility's substantial or continued failure to comply with the Act and rules promulgated thereunder. Additionally, the Facility has failed to demonstrate the capacity to safely provide one of more of its services to patients. Given the foregoing, the Department hereby **DENIES RESPONDENT'S APPLICATION FOR LICENSE RENEWAL** effective immediately.

NOTICE OF OPPORTUNITY FOR HEARING

Respondent has a right to a hearing to contest the Refusal to Renew License under section(s) 5/10b, 5/10c, 5/10d, 5/10f, and 5/10g of the Act and Section 205.860 of the Code. If Respondent chooses to contest this Notice, a **written request for hearing must be sent within ten days of receipt of this Notice** to Snigdha Acharya, Deputy General Counsel, Illinois Department of Public Health, 122 South Michigan Avenue, 7th Floor, Chicago, Illinois 60603.

**FAILURE TO REQUEST A HEARING AS SPECIFIED HEREIN
CONSTITUTES A WAIVER OF THE RIGHT TO SUCH HEARING.**

ANSWER BY RESPONDENT

In accordance with Section 100.7(d) of the Department's General Rules of Practice and Procedure in Administrative Hearings (77 Ill. Adm. Code 100), **Respondent must file a written answer to the Allegations of Noncompliance within twenty days of receipt of this Notice.** Such answer must be sent to Snigdha Acharya, Deputy General Counsel, Illinois Department of Public Health, 122 South Michigan Avenue, 7th Floor, Chicago, Illinois 60603.

**FAILURE TO FILE AN ANSWER WITHIN TWENTY DAYS OF RECEIPT OF THIS NOTICE
SHALL CONSTITUTE RESPONDENT'S ADMISSION OF THE ALLEGATIONS OF
NONCOMPLIANCE.**

7(1)(b)

Debra D. Bryars, MSN, RN
Deputy Director
Office of Health Care Regulation
Illinois Department of Public Health

Dated this 17th day of November, 2015



Ambulatory Surgical Treatment Center Renewal Licensure

| |
|----------------------------|
| ASTC ID No. <u>7000789</u> |
| Program Category - 86 |
| Department Use Only |

IMPORTANT NOTICE: Pursuant to the Ambulatory Surgical Treatment Center Licensing Act (210 ILCS 55/1 et seq.) and the rules of the Department of Public Health entitled "Ambulatory Surgical Treatment Center Licensing Requirements" (77 IL Adm Code 205).

\$300 Application Fee

1. Facility Name/Address

Name of ASTC Albany Medical Surgical Center

Address 5088 N. Elston Avenue

City Chicago

County Cook

State IL

Zip Code 60630

Telephone Number (Area Code) (773) 725-0200

Fax Number (773) 725-6152

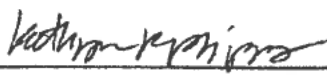
E-mail kfitc@fpachicago.com

Administrator's Signature

The Administrator of the facility must review this survey form for completeness and accuracy, then sign and date in the spaces below to certify that, to the best of his/her knowledge, the information provided is complete and accurate.

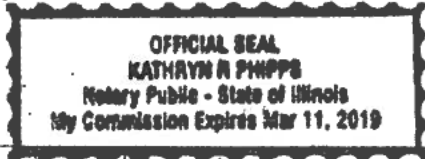
7(1)(c) 7(1)(b)
 Typed or Printed Administrator Name _____ Date of Completion 09/23/2015
 Administrator Signature (original only) _____ Date of Completion

Signed and Sworn (or attested) to before me this 23rd day of September 20 15



 Notary Public

My commission expires March 11th 20 19



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 form has been approved by the Forms Management Center

DUE DATE: 30 DAYS PRIOR TO THE EXPIRATION OF YOUR CURRENT LICENSE



300.00 Check #1101 09/30/15



Ambulatory Surgical Treatment Center Renewal Licensure

2. Ownership

1. Please indicate type of ownership with an "X":

- | | |
|---|--|
| <input type="checkbox"/> Sole Proprietorship | <input type="checkbox"/> Limited Liability Partnership (*RA) |
| <input checked="" type="checkbox"/> Corporation (*RA) | <input type="checkbox"/> Limited Liability Company (*RA) |
| <input type="checkbox"/> Partnership (Registered within county) | <input type="checkbox"/> Other |
| <input type="checkbox"/> Limited Partnership (*RA) | * RA - Registered Agent |

2. Registered Agent

If your facility ownership indicated above requires a registered agent, please indicate the name, address (including zip code plus four), and telephone number of this person or company. (If you are unable to identify this person or company, contact the Secretary of State's office to identify the facility's registered agent)

Name of Illinois Registered Agent: Richard Kates

Address of Illinois Registered Agent: 111 W. Washington

City, State, Zip Code plus four: Chicago, IL 60602-2703

Telephone of Illinois Registered Agent (including area code): (312) 236-0267

3. Ownership Information

If your facility is required to have a Registered Agent (see #2 above) or is required to have at least three officers, list the name of the state where the home or parent firm is incorporated or registered.

Name of Parent Firm or Organization: Albany Medical Corporation

State where Parent Firm or Organization is Incorporated or Registered: Illinois

List the name and address of the following officers:

| TITLE | NAME | FULL ADDRESS |
|----------------|--------------------------|---|
| President | <u>Walter Dragosz</u> | <u>5086 N. Elston Avenue, Chicago, IL 60630</u> |
| Vice-President | <u></u> | <u></u> |
| Secretary | <u>Catherine Dragosz</u> | <u>5086 N. Elston Avenue, Chicago, IL 60630</u> |
| Treasurer | <u></u> | <u></u> |



4. Shareholder Information

If your ASTC is a CORPORATION, list the number of shares held by shareholders with more than five percent of common stock or the top five stockholders, whichever is less. Also, indicate the percentage of total shares that each stockholder holds.

| NAME OF STOCKHOLDER | SHARES HELD | PERCENT OF SHARES |
|---------------------|-------------|-------------------|
| Walter Dragosz | 100% | 100% |
| | | |
| | | |
| | | |
| | | |
| | | |

5. Other Ownership

Owners

If your facility is a SOLE PROPRIETORSHIP, PARTNERSHIP, LIMITED PARTNERSHIP, LIMITED LIABILITY PARTNERSHIP, LIMITED LIABILITY COMPANY, or OTHER-owned, list the name of the owner(s), the address (es) of each owner, the owner(s)'s profession, and the business that employs each owner. If the owner is self-employed, indicate this by entering "SELF" in the PROFESSION column.

| NAMES OF OWNERS | FULL ADDRESS | PROFESSION | BUSINESS NAME |
|-----------------|--------------|------------|---------------|
| | | | |
| | | | |
| | | | |
| | | | |

6. Contract Management

If management or operation of the ASTC is performed by independent contractor(s) and not an employee, list the individual name(s) and address(es) of the independent contractor(s). If management or operation is not performed by independent contractor(s), indicate this by checking the box.

Check here if not applicable

| NAME | FULL ADDRESS |
|--|--|
| Family Planning Associates Medical Group | 5086 N. Elston Avenue, Chicago, IL 60630 |
| | |



Ambulatory Surgical Treatment Center Renewal Licensure

7. History of Conviction

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 I)

- 1. Applicant Yes No
- 2. Any member of a firm, partnership or association Yes No
- 3. Any officer or director of a corporation Yes No
- 4. Administrator or manager of ASTC Yes No

3. ADMINISTRATION AND PERSONNEL

1. Administrator (attach resume as Exhibit II)

Name: 7(1)(c)
Address: 5086 N. Elston Avenue, Chicago, IL 60630
Telephone Number: (773) 725-0200 License Number: N/A

2. Medical Director (attach resume as Exhibit III)

Name: 7(1)(c) MD, MPH
Address: 5086 N. Elston Avenue, Chicago, IL 60630
Telephone Number: (773) 725-0200 License Number: 7(1)(c)

3. Supervising Nurse (attach resume as Exhibit IV)

Name: 7(1)(c) RN
Address: 5086 N. Elston Avenue, Chicago, IL 60630
Telephone Number: (773) 725-0200 License Number: 7(1)(c)



APPLICATION ADDENDUM

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

Ambulatory Surgical Treatment Center

Home Health

Hospice

Hospital

Section 10-65(c)

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)).



SUPPLEMENT II

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

POSITION AND/OR CLASSIFICATION NAME LICENSE NUMBER, REGISTRATION
 CERTIFICATION, AND YEARS
 EXPERIENCE

| | | |
|--|---------|---------------------------------------|
| First Clinician | 7(1)(c) | IL PA 7(1)(c), 12 years exp., ACLS |
| Manager of Finance & Administration | | 12 years experience |
| Licensed Nurse | | IL RN 7(1)(c), 10 years exp., ACLS |
| Ancillary Back Office Staff | | 12 years experience, BLS |
| Ancillary Back Office Staff | | 26 years experience, BLS |
| Certified Registered Nurse Anesthetist | | IL CRNA 7(1)(c), 21 years exp., ACLS |
| Patient Representative | | 11 years experience, BLS |
| Patient Representative | | 2 years experience, BLS |
| Ancillary Lab Staff | | 39 years experience, BLS |
| Clinic Manager | | 30 years experience |
| Maintenance Engineer | | 17 years experience |
| Ancillary Back Office Staff | | 4 years experience, BLS |
| Assistant Manager | | 26 years experience, BLS |
| Supervising Licensed Nurse | | IL RN 7(1)(c), 16 years exp., ACLS |
| Funding Coordinator | | 36 years experience |
| Certified Registered Nurse Anesthetist | | IIL CRNA 7(1)(c), 10 years exp., ACLS |
| Advanced Practice Nurse | | IL APN 7(1)(c), 10 years exp., BLS |
| Infection Control Licensed Nurse | | IL RN 7(1)(c), 11 years exp., ACLS |
| Patient Representative | | 16 years experience, BLS |



Personnel (continued)

| POSITION AND/OR CLASSIFICATION | NAME | LICENSE NUMBER, REGSITRATION, CERTIFICATION, AND YEARS EXPERIENCE |
|--------------------------------------|------|---|
| Patient Representative | | 5 years experience |
| Administrator | | 34 years experience |
| Licensed Nurse | | IL RN 7(1)(c), 15 years exp., ACLS |
| Phone Room Specialist / Patient Rep. | | 9 years experience, BLS |
| Advanced Practice Nurse | | IL APN 7(1)(c) 9 years exp., BLS |
| Medical Assistant | | 8 years experience, BLS |
| Insurance Representative I | | 26 years experience |
| Manager | | 13 years experience, BLS |
| Operations Manager | | 33 years experience |
| Ancillary Back Office Staff | | 25 years experience, BLS |
| Medical Assistant | | 4 years experience, BLS |
| Licensed Nurse | | IL RN 7(1)(c), 8 years exp., ACLS |
| Ancillary Back Office Staff | | 26 years experience, BLS |
| Ancillary Back Office Staff | | 12 years experience, BLS |
| Assistant Manager | | 25 years experience, BLS |
| Certified Nurse Midwife | | IL APN 7(1)(c) 34 years exp., BLS |
| | | |
| | | |
| | | |
| | | |
| | | |



SUPPLEMENT III

List Consulting Committee approved surgical specialties and procedures

Effective March 1, 1995, the Illinois Health Facilities Planning Board implemented a provision requiring a Planning Board permit for the addition of surgical specialties that had not been approved prior to March 1, 1995. Therefore, your application should not include specialties that require Planning Board approval. Surgical specialties can be added under your license once the Planning Board approval has been obtained.



ASTC Renewal 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
- Surgical Procedures and services provided
- Renewal fee of \$300

Updated May 2015

CURRICULUM VITAE**I PERSONAL INFORMATION**

7(1)(c)

MD, MPH

Work address: 5086 North Elston Avenue, Chicago, Illinois 60630

Work Phone (773) 725-0200

Work Fax: (773) 725-6152

E-mail: 7(1)(b)

Citizenship 7(1)(c)

Birthplace:

II EDUCATION:

| | | |
|---|--|-----------|
| Bachelor of Arts: | Cornell University Ithaca, New York Phi Beta Kappa | 1963-1967 |
| Medical School: | University of Pennsylvania Philadelphia, Pennsylvania | 1967-1971 |
| Master of Public Health in Epidemiology | University of California Berkeley, California | 1972-1973 |

III GRADUATE MEDICAL EDUCATION

| | | |
|--|---|-----------|
| Internship | St. Luke's Hospital San Francisco, California | 1971-1972 |
| Residency in Obstetrics and Gynecology | University of California San Francisco, California | 1979-1982 |

IV POSTDOCTORAL RESEARCH TRAINING

None

V BOARD CERTIFICATION AND CURRENT MEDICAL LICENSURE

| | |
|---|------|
| American Board of Obstetrics and Gynecology California Illinois | 1985 |
|---|------|

VI MILITARY SERVICE

None

VII FACULTY APPOINTMENTS

| | |
|--|-----------|
| Professor of Clinical Obstetrics and Gynecology, Northwestern University Feinberg School of Medicine, effective September 1, 2015 | 2015- |
| Associate Professor of Clinical Obstetrics and Gynecology, Northwestern University Feinberg School of Medicine, Chicago, Illinois | 2010-2015 |
| Assistant Professor of Clinical Obstetrics and Gynecology, Northwestern University Feinberg School of Medicine, Chicago, Illinois | 2001-2010 |
| Instructor and Visiting Attending Physician, Department of Obstetrics and Gynecology, Rush-Presbyterian-St. Luke's Medical Center, Chicago, Illinois | 1997-2001 |

VIII HOSPITAL APPOINTMENTS

| | |
|---|-----------|
| Obstetrics and Gynecology, Pacific-Presbyterian Medical Center (Children's Hospital), San Francisco, California | 1982-1984 |
| Obstetrics and Gynecology, Kaiser-Permanente Hospital, Sacramento, California | 1984-1986 |
| Obstetrics and Gynecology, San Vicente Hospital, Los Angeles, California | 1986-1988 |
| Obstetrics and Gynecology, Augustana Hospital, Chicago, Illinois | 1988-1990 |
| Courtesy Staff, General Surgery, Edgewater Hospital, Chicago, Illinois | 1990-2001 |
| Obstetrics and Gynecology, Northwestern Memorial Hospital, Chicago, Illinois | 2001- |

IX ADMINISTRATIVE APPOINTMENTS

| | |
|--|-----------|
| J.P. Shively, M.D., Inc., General Practice, San Francisco, California | 1972-1975 |
| Planned Parenthood San Francisco/Alameda, Medical Director and Clinician, San Francisco, California | 1976-1979 |
| Finkelstein and Novikoff, Inc., Group Private Practice, San Francisco, California | 1982-1983 |
| OB-GYN Associates of Davis, Group Private Practice, Davis, California | 1983-1984 |
| Kaiser-Permanente, HMO Group Practice, Sacramento, California | 1984-1986 |
| CIGNA Health plans of California, HMO Group Practice, Glendale, California | 1986-1987 |
| Family Planning Associates Medical Group, Senior Staff Physician, Group Practice, Long Beach, California | 1986-2005 |
| Albany Medical-Surgical Center, Medical Director, FPA of Illinois Chicago, Illinois | 1988- |

X COMMITTEE SERVICE

None

XI AWARDS, HONORS AND DISTINCTIONS

1.

7(1)(c)

7(1)(c)

2.

3.

4.

5.

6.

XII PROFESSIONAL SOCIETY MEMBERSHIPS

| | |
|--|-------|
| American College of Obstetrics and Gynecology | 1985- |
| Association of Reproductive Health Professionals | 1991- |
| National Abortion Federation | 1991- |
| Physicians for Reproductive Health | 1995- |
| The Society of Family Planning (Charter Member) | 2005- |

XIII PROFESSIONAL and SCIENTIFIC SERVICE

| | |
|--|------------------------|
| American Civil Liberties Union of Illinois | Board Member 1999-2004 |
| Association of Reproductive Health Professionals | Board Member 2010 |
| National Abortion Federation | Board Member 1999-2005 |

| | |
|--|-----------|
| National Medical Committee of the Planned Parenthood Federation of America | 2002-2012 |
|--|-----------|

7(1)(c)

| | |
|----------------------------|----------------------------|
| Society of Family Planning | Scientific Committee 2008- |
|----------------------------|----------------------------|

Journal reviewer:
American Journal of Obstetrics and Gynecology
Journal of Reproductive Medicine

International Journal of Gynaecology and Obstetrics
Obstetrics and Gynecology (Ranked among the top 10% of reviewers for 6 years (2002-6 and 2013).

XIV TEACHING EXPERIENCE

UNDERGRADUATE EDUCATION PORTFOLIO

MEDICAL STUDENT TEACHING

- Preceptor, Medical Students for Choice Introduction to Abortion Program (2001 – present)
- Preceptor and Mentor, 3rd Year OB-GYN Clerkship (2001 – present)
- Preceptor and Mentor, 4th Year Women's Health Elective (2001 - present)
- Site Preceptor, Summer Scholars Program (2001)

OTHER CONTRIBUTIONS

- Oral Examiner, 3rd Year OB-GYN Clerkship Oral Examination

GRADUATE EDUCATION PORTFOLIO

RESIDENT TEACHING

- Preceptor, First and Second Trimester Abortion [Offsite training of house staff in first and second trimester abortion at Family Planning Associates, Ltd. of Illinois]
 - First and Second Trimester Surgical Abortion – 2001 - present
 - First Trimester Medical Abortion – 2008- present
- Resident Research Advisor

- 7(1)(c)

-

-

OTHER CONTRIBUTIONS

FELLOWSHIP EDUCATION PORTFOLIO

FELLOWSHIP TEACHING

- 7(1)(c)

- Research Advisor/Mentor

7(1)(c)

, MD, MPH

7(1)(c)

- Research Advisor/Mentor

7(1)(c)

OTHER CONTRIBUTIONS

Post Doctoral Fellows Trained and Current Positions

7(1)(c)

Completed Fellowship 2004

-

-

Completed Fellowship 2005

-

7(1)(c)

Completed Fellowship 2006

7(1)(c)

-

7(1)(c)

Completed Fellowship 2007

-

Completed Fellowship 2008

-

Completed Fellowship 2009

7(1)(c)

-
-
-
-
-
-
-
-

Completed Fellowship 2010

Completed Fellowship 2012

Completed Fellowship in 2013

Completed Fellowship in 2014

Will complete Fellowship in 2015

Will complete Fellowship in 2016

Will complete Fellowship in 2016

OTHER EDUCATIONAL POSTS AND PROJECTS

- Medical Education, National Abortion Federation
 - Curriculum Development, 1999-2005
- Scientific Committee, Society of Family Planning, 2008-

XV RESEARCH GRANTS/CONTRACTS

7(1)(c)

2002-2009

2013-

7(1)(c)

XVI SCHOLARLY BIBLIOGRAPHY

Original peer-reviewed research articles:

7(1)(c)



7(1)(c)

, MD, MPH

7(1)(c)



7(1)(c)

MD, MPH

7(1)(c)



7(1)(c)



XVII PRESENTATIONS

7(1)(c)



7(1)(c)

, MD, MPH

7(1)(c)



7(1)(c)



7(1)(c)

, MD, MPH

7(1)(c)

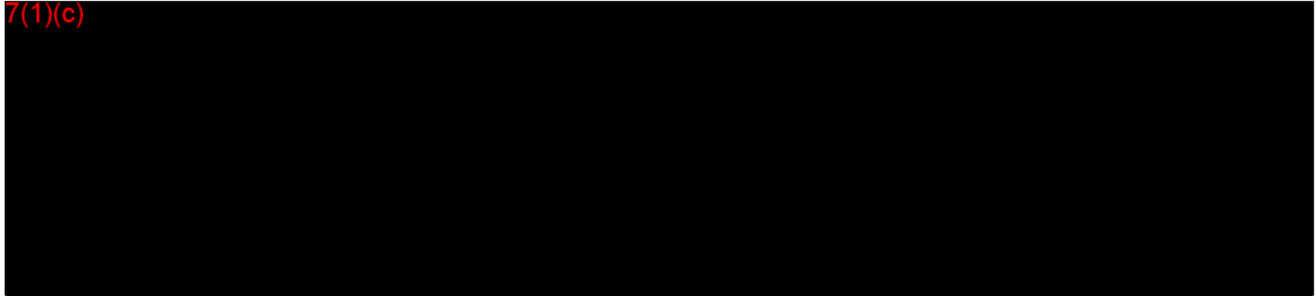


7(1)(c)

MD, MPH

14

7(1)(c)



7(1)(c)

7(1)(b)

- Jan 2006-present
FAMILY PLANNING ASSOCIATES
Registered Nurse
Chicago, IL
- Provide post-operative patient care
 - Supervise recovery staff
 - Maintain medical supplies
- Nov 2005-Jan 2006
NORTHWESTERN MEMORIAL HOSPITAL
Staff Registered Nurse
Chicago, IL
- Provided direct patient care on a medical oncology unit.
- Aug 99-Nov2005
PLANNED PARENTHOOD CHICAGO AREA
Reproductive Health Assistant
Chicago, IL
- Counseled patients on pregnancy options, birth control, surgical abortion, medical abortion and ultrasound results; reviewed medical histories of abortion patients.
 - Provided classroom and on-the-job training to new staff in options counseling and listening skills.
 - Performed over two thousand vaginal ultrasounds.
 - Followed up on abnormal pap smear and STI test results.
 - Trained registered nurses from other Planned Parenthood clinics in vaginal ultrasound.
 - Spoke to groups of health care providers, including medical students at the University of Chicago and medical residents at Illinois Masonic Medical Center, about abortion.
 - Assisted with surgical abortions.
 - Performed routine lab tests, including Rh-typing.
- April 1998-July 1999
HORIZONS COMMUNITY SERVICES
Lesbian and Gay Helpline Administrator
Chicago, IL
- Trained, supervised and scheduled approximately fifty volunteer telephone counselors.
 - Provided leadership for design and implementation of computer call tracking system and resource database.
 - Responsible for weekend and holiday phone counseling coverage.
 - Performed crisis intervention.
- Sept 1993-July 2001
EDGEWATER MEDICAL CENTER
Nursing Unit Secretary
Chicago, IL
- Coordinated activities of nursing unit, including patient flow, services performed by other departments, physician consultations and patient transportation.
 - Transcribed doctors' orders onto kardexes.
 - Scheduled diagnostic procedures via computer.
- May-Aug 1996
ILLINOIS AIDS HOTLINE
Temporary Staff Counselor
Chicago, IL
- Fielded callers' questions regarding HIV transmission, testing, symptoms, treatment and risk reduction.
 - Provided referrals and emotional support.

Jan 1990-Jan 1991 ENGLISH LANGUAGE SCHOOLS INTERNATIONAL Taipei, Taiwan
 Instructor

- Created lesson plans.
- Conducted interactive, student-centered classes in English for Taiwanese business people in their places of work.

EDUCATION

Aug 2006-Dec 2007 University of Illinois at Chicago: graduate nursing coursework
 May 2004-June 2005 Loyola University of Chicago: B.S., Nursing, 4.0 GPA
 1995-1997 University of Illinois at Chicago: undergraduate coursework
 1994 McCormick Theological Seminary: M.A., Theological Studies
 1989 University of Illinois, Champaign-Urbana: B.S., Psychology

VOLUNTEER EXPERIENCE

Aug 1999-Aug 2000 HORIZONS COMMUNITY SERVICES Chicago, IL
 Volunteer Helpline Administrator

Sept 1994-April 1998 HORIZONS COMMUNITY SERVICES Chicago, IL
 Counselor, Gay and Lesbian Helpline

Sept 1994-Jan 1997 ILLINOIS AIDS HOTLINE Chicago, IL
 Counselor

Jan-Aug 1991 HELPLINE OF THE MIDLANDS Columbia, SC
 Crisis Intervention Counselor

Sept 1986-Aug 1989 CHAMPAIGN COUNTY MENTAL HEALTH CENTER CRISIS LINE
 Crisis Intervention Counselor

COMPUTER SKILLS: Microsoft Word, Internet.

CURRICULUM VITAE

7(1)(c)

5086 North Elston Avenue, Chicago, Illinois 60630

(773) 725-0200

7(1)(c)

@fpachicago.com

PROFESSIONAL EXPERIENCE

Chief Operating Officer

Family Planning Associates Medical Group, Chicago, Illinois
October 2005-Present

Promoted to oversee all financial strategy and execution for Family Planning Associates Medical Group, while also maintaining the responsibilities of Facility Administrator.

- Credited for developing ongoing contracts with most major insurance providers.
- Researched and incorporated new services and procedures as medical technology advanced, increasing profitability and safety.

Facility Administrator

Family Planning Associates Medical Group, Chicago, Illinois
1988-Present

- Responsible for supervising a staff of over 60 employees.
- Handled the daily operation of the facility and delegated responsibilities as needed.
- Served as the liaison between Family Planning Associates and the State of Illinois during quarterly state inspections, ensuring compliance with state licensing requirements.
- Oversaw the opening of two additional facilities due to increased demand.

Clinic Administrator

Family Planning Associates Medical Group, Fresno, California
1987-1988

- Responsible for supervising a staff of 40 employees.
- Handled the daily operation of the facility and delegated responsibilities as needed.
- Accountable for all hiring, training, and retention of the staff.

Clinic Administrator

Family Planning Associates Medical Group, Modesto, California
1985-1987

- Responsible for supervising a staff of 25 employees.
- Managed the daily operation of the facility and delegated responsibilities as needed.
- Accountable for all hiring, training, and retention of the staff.

CLINICAL EXPERIENCE

Medical Assistant

Family Planning Associates Medical Group, Modesto, California
1980-1985

- Ensured the cleanliness, sterility and maintenance of all facilities, surgical rooms and equipment.
- Consistently praised for efficient handling of administrative duties including maintaining medical records and patient processing.
- Reacted calmly during emergent situations and consistently added a compassionate and calming touch when interacting with patients.

CERTIFICATIONS

BLS for Healthcare Providers

Current CPR Certification

ADDITIONAL ACTIVITIES

National Abortion Federation Board Member, April 2007-Present

LECTURES

Family Planning Clinic Implementation of Medical Abortion using Mifepristone and Misoprostal (RU486) and Responsible Management of Unfavorable Surgical Complications
Presented at the National Abortion Federation Annual Meeting, San Jose, California
April 2002

Family Planning Clinic Implementation of Medical Abortion using Mifepristone and Misoprostal (RU486)
Presented to Family Planning Associates Medical Group Organizational Meeting, San Jose, California
January 2001

EDUCATION

University of the Pacific, Stockton, California
Bachelor of Arts, June 1985

San Joaquin Delta College, Stockton California
Attended 1981-1983

ALBANY MEDICAL SURGICAL CENTER

5086 NORTH ELSTON AVENUE
CHICAGO, ILLINOIS 60630
(773) 725-0200

Exhibit V – ASTC Renewal Licensure

ASTC ID # 7000789

The procedures performed at Albany Medical Surgical Center include:

- First Trimester Abortion
- Second Trimester Abortion
- Laminaria Insertions
- Insertion and removal of Intrauterine Contraception Devices

ALBANY Medical Surgical Center

5086 North Elston Avenue, Chicago, Illinois 60630 • (773) 725-0200

October 20, 2015

Nirav Shah, M.D., J.D.
Director
Illinois Department of Public Health
535 West Jefferson Street, 5th floor
Springfield, IL 62761-5058

Dear Dr. Shah,

Please be advised that Family Planning Management will no longer be managing Albany Medical Surgical Center, effective October 21, 2015. Also, be advised of the resulting personnel changes:

E. Steve Lichtenberg, M.D. M.PH is resigning as Medical Director, effective 11:59 p.m., October 21, 2015

Diana Maracich is resigning as Administrator, effective 11:59 p.m., October 21, 2015

Holly Hines, R.N. resigning as Supervising Nurse, effective 11:59 p.m., October 21, 2015

This letter is being sent based on the requirements outlined in the Illinois Department of Public Health Administrative Code, section 205.118, Conditions of Licensure.

If you have any questions please do not hesitate to contact me directly.

Sincerely,

7(1)(b)



E. Steve Lichtenberg, M.D., MPH

IL Dept of Public Health

OCT 26 2015

Director's Office Springfield

EXHIBIT
B