



STATE OF ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD

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Settlement Agreements Fiscal Year 2015 (07/01/2014 to 06/30/2015)

HFSRB Docket	Violation	Final Executed Order	Settlement/Resolution	Total Estimated Value
13-07	Late annual hospital questionnaire and annual bed report	12/16/2014	\$1,000 payment, plus implement a glucose fasting lab screening program valued at \$1,000	\$2,000
13-14	Failure to submit annual progress report	8/27/2014	\$7,500 cash payment	\$7,500
12-09 and 14-01	Late notice of completion and final realized cost report	8/5/2014	\$20,000 payment, plus initiating a respite and therapy program valued at \$115,000 (settled with HFSRB 12-09)	\$135,000
14-02	Failure to complete project by the date specified in the permit	11/12/2014	\$7,500 payment, plus \$36,500 of services to patients who have a primary diagnosis of a brain injury.	\$44,000
14-03	Late annual progress report and final cost report	10/7/2014	\$20,000 payment	\$20,000
14-05	Failure to timely obligate	6/2/2015	\$10,000 cash payment, \$90,000 in free care to under or uninsured patients within a three period from the facility's opening	\$100,000
14-08	Failure to complete the project with due diligence and by the permit expiration date	11/12/2014	\$5,000 payment, plus provide \$15,000 of orthopedic or plastic surgery procedures to patients with hand or upper extremities injuries	\$20,000
14-10	Failure to submit the long-term care facility questionnaire	11/12/2014	\$1,000 payment	\$1,000
14-11	Failed to submit the long-term care questionnaire	8/27/2014	\$2,000 payment	\$2,000
14-12	Failure to submit the long-term care facility questionnaire	10/7/2014	\$1,000 payment	\$1,000
14-13	Late annual hospital questionnaire and annual bed report	11/12/2014	\$1,000 payment	\$1,000
14-17	Cost overrun	1/27/2015	\$1,250 payment plus \$23,750 dedicated to an oncology transportation program	\$25,000
14-18	Cost overrun and failure to submit timely final realized cost report	3/9/2015	\$5,000 cash payment, \$100,000 in free care to under or uninsured patients in calendar year 2015.	\$105,000
15-01	Cost Overrun	6/29/2015	\$25,000 cash payment	\$25,000
			Total	\$488,500