



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

MEMORANDUM

TO: Mike Constantino, Chief – Program Review Section
Division of Health Systems Development

FROM: Kathy J. Olson, Chairman
Illinois Health Facilities and Services Review Board

RE: Alteration Request for Project # 11-104

Facility: McAllister Nursing and Rehabilitation, Tinley Park

This is to advise you that I have reviewed the above-captioned alteration request within the requirements in 77 IAC 1130.750 and have determined the following:

The request is in compliance with the requirements in 77 IAC 1130.750 and the alteration request is approved.

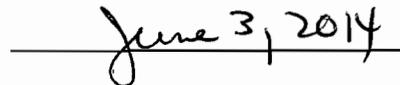
This request is to be reviewed by the Health Facilities Planning Board.

This request is DENIED effective _____ because it does **NOT** comply with the requirements specified in 77 IAC 1130.750.

Other actions as follows:



Kathy J. Olson, Chairman
Illinois Health Facilities and Services
Review Board



Date