



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

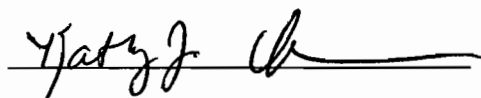
FROM: Kathy J. Olson, Chairman
 Illinois Health Facilities and Services Review Board

RE: Alteration Request for Project # 12-027

Facility: Good Samaritan, Pontiac, Illinois

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

10/7/14
 Date