



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

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

March 12, 2014

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Peter Roumeliotis, M.D., President  
AegeanMed Healthcare, LLC  
21525 Mattox Lane  
Shorewood, IL 60404

RE: **DENIAL OF APPLICATION**  
**Notice of an Opportunity for an Administrative Hearing**  
Illinois Health Facilities Planning Act  
Project: # 13-048 AegeanMed Transitional Care Center of Lockport - Lockport  
**APPLICANT:** AegeanMed Holdings, LLC – AegeanMed Healthcare, LLC –  
Gerokomeio, LLC

Dear Dr. Roumeliotis:

On March 11, 2014, the Illinois Health Facilities and Services Review Board issued its denial of the application for permit for the above-referenced project. The State Board rendered its decision following consideration of the application, the State Board Staff Report and the testimony of the applicant. The State Board's decision is based upon the applicant's failure to document that a project of the nature and scope as that proposed is appropriate for the reasons stated in the following allegations of non-compliance:

**Allegations of Non-Compliance**

The applicants did not document conformance with the following review criteria:

- Criterion 1125.530 (a) Bed Need Determination
- Criterion 1125.570 Service Accessibility
- Criterion 1125.580 Unnecessary Duplication & Maldistribution
- Criterion 1125.800 Financial Viability

Section 10 of the Illinois Health Facilities Planning Act (the "Act"), P.A. 78-1156 as amended, [20 ILCS 3960/10] affords you the opportunity for a hearing before a hearing officer appointed by Chairman of the Illinois Health Facilities and Services Review Board (State Board). Such hearing shall be conducted in accordance with the provisions specified in Section 10 of the Act and the implementing rules, 77 IAC Part 1130. If you decide to exercise your right to a hearing, you must submit a written notice of a request for such hearing to the Administrator of the State Board, postmarked within 30 days of receipt or delivery of this notice.

Notice to Administrator may be made by forwarding the written request to my attention at the following address: Illinois Health Facilities and Services Review Board, Attention: Courtney R.

Denial Letter

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Avery, Administrator, Division of Health Systems Development, 525 West Jefferson Street (2<sup>nd</sup> Floor), Springfield, Illinois 62761. Notice to the Administrator constitutes notice to the State Board (77 IAC 1130.1020(b)). Failure to submit your request within this period constitutes a waiver of your right to a hearing.

If you decide to exercise your right to a hearing, the State Board, shall, within 30 days after the receipt of your request, appoint a hearing officer. The hearing will afford you the opportunity to demonstrate that the application is consistent with the criteria upon which the action of the State Board was based. Following its consideration of the report of the hearing, or upon default of the party to the hearing, the State Board shall make its final determination.

Sincerely,

A handwritten signature in black ink that reads "Courtney Avery". The signature is written in a cursive style with a large initial "C" and a long, sweeping tail on the "y".

Courtney R. Avery  
Administrator

Illinois Health Facilities and Services Review Board

cc: Kathy J. Olson, Chairwoman