



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 Olson, Chairman
Illinois Health Facilities and Services Review Board

RE: Extension of Financial Commitment

Facility: #16-012 – Transitional Care of Lake County

_____→
This is to advise you that I have reviewed the above-captioned Change of Ownership Exemption Applications with the requirements in 77 Ill. Adm. Code 1130.730 and have determined the following:

These applications are in compliance with the requirements in 77 ILAC 1130.730

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

These applications are DENIED effective _____ because it does NOT comply with the requirements specified in Ill. Adm. Code 1130.730

Other actions as follows:

Kathy Olson, Chairman
Illinois Health Facilities
and Services Review Board

May 3, 2018

Date