

Constantino, Mike

11-023

**From:** Jack Axel [jacobmaxel@msn.com]  
**Sent:** Tuesday, July 19, 2011 1:29 PM  
**To:** Constantino, Mike  
**Cc:** mskinner@sidley.com  
**Subject:** RE: central dupage  
**Attachments:** scan089.pdf

per your request

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**From:** Mike.Constantino@Illinois.gov  
**To:** jacobmaxel@msn.com; George.Roate@Illinois.gov  
**Date:** Tue, 19 Jul 2011 12:51:32 -0500  
**Subject:** central dupage

Jack:

What is the reason Central Dupage submitted this application (11-023) to add these AMI beds? Our records show they came in and ask for approval of 18 ICU beds and 2 AMI beds and were given that approval but we have no correspondence from them since that the beds were approved by licensure and that they were operational. And licensure does not have a thing on this. This bed change was done in 2010...which is less than two years.

Jack I am also going to need a page one with your name as a contact person on this application and if Honey is going to be involved her name needs to be on the application as a contact. I am going to have to start calling these applications incomplete without this information.

Mike Constantino  
Illinois Department of Public Health  
525 West Jefferson  
Springfield, Illinois 62761  
Fax:(217) 785-4111  
Phone:(217) 785-1557

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION**

**This Section must be completed for all projects.**

**Facility/Project Identification**

Facility Name: Central DuPage Hospital—expansion of Acute Mental Illness category of service		
Street Address: 25 North Winfield Road		
City and Zip Code: Winfield, IL 60190		
County: DuPage	Health Service Area VII	Health Planning Area: A-05

**Applicant /Co-Applicant Identification**

[Provide for each co-applicant [refer to Part 1130.220].

Exact Legal Name:	Central DuPage Hospital Association
Address:	25 North Winfield Road Winfield, IL 60190
Name of Registered Agent:	
Name of Chief Executive Officer	Michael Vivoda, President
CEO Address:	25 North Winfield Road Winfield, IL 60190
Telephone Number:	630/933-5500

**Type of Ownership of Applicant/Co-Applicant**

<input checked="" type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an Illinois certificate of good standing.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.**

**Primary Contact**

[Person to receive all correspondence or inquiries during the review period]

Name:	Michael Vivoda
Title:	President
Company Name:	Central DuPage Hospital.
Address:	25 North Winfield Road Winfield, IL 60190
Telephone Number:	630/933-5500
E-mail Address:	
Fax Number:	630/933-2739

**Additional Contact**

[Person who is also authorized to discuss the application for permit]

Name:	Jacob M. Axel
Title:	President
Company Name:	Axel & Associates, Inc.
Address:	675 North Court Suite 210 Palatine, IL 60067
Telephone Number:	847/776-7101
E-mail Address:	jacobmaxel@msn.com
Fax Number:	847/776-7004

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Fax Number:	630/933-2739

**Additional Contact**

[Person who is also authorized to discuss the application for permit]

Name:	Honey Jacobs Skinner
Title:	Partner
Company Name:	Sidley Austin LLP
Address:	One South Dearborn Street Chicago, IL 60603
Telephone Number:	312/853-7577
E-mail Address:	mskinner@sidley.com
Fax Number:	312/853-7036