



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

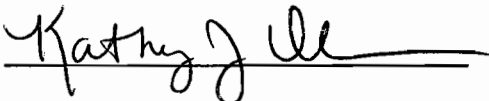
RE: Relinquishment of Permit # 11-055

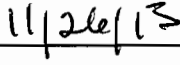
Facility: Transitional Care Center of Naperville, Naperville

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This is to advise you that I have reviewed the above-captioned alteration request within the requirements in 77 IAC 1130.775 and have determined the following:

- The request is in compliance with the requirements in 77 IAC 1130.775 and the permit relinquishment 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 1130.775.
- Other actions as follows:

  
Kathy J. Olson, Chairman  
Illinois Health Facilities Planning Board

  
Date