



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

April 23, 2014

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Brian Cloch, CEO
Transitional Care Center Arlington Hts, LLC
6400 Shafer Court, Ste 600
Rosemont, Illinois 60018

RE: Permit Renewal for Project #11-006 Transitional Care Center of Arlington Heights,
Arlington Heights
Permit Holder: Transitional Care Center of Arlington Heights, LLC – Transitional Care
Management, LLC

Dear Mr. Cloch:

On April 22, 2014 the Illinois Health Facilities and Services Review Board/Chairman approved the permit holder's request for a permit renewal for the above-referenced project. Therefore, the permit for this project has been renewed until October 31, 2015.

Should the permit holder determine that it will be unable to complete the project by October 31, 2015, the permit holder may request another renewal of the permit. 77 IAC 1130.740 provides that the State Agency must be in receipt of a permit renewal request AT LEAST 45 DAYS PRIOR TO THE EXPIRATION DATE OF THE REQUIRED COMPLETION PERIOD.

The permit holder is reminded that permits for projects which are not completed within the required time frame shall expire for lack of due diligence, unless renewed by the State Board. The permit holder is also reminded of the other post-permit requirements contained in "Subpart G" of Part 1130. Adherence to these requirements is essential in maintaining a valid permit and is the sole responsibility of the permit holder.

Should you have any questions, please contact Mike Constantino or George Roate at (217) 782-3516 and ask to speak to a staff person about post permit requirements.

Sincerely,

A handwritten signature in cursive script that reads "Courtney Avery".

Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board

cc: Kathy J. Olson, Chairwoman