

12-036

HFEB

State of Illinois
Illinois Department of Public Health

The Healthcare Center At



Long-Term Care Facility - Approved Licensure Actions *MONARCH LANDING*

Current Licensure Information:

2255

Facility ID # 6016877

Licensee ID# 0052811

Facility Name: Springs at Monarch Landing, The

Address: 2308 North Route 59

City: Naperville

County: Dupage

ZIP Code: 60563

The Division of Long-Term Care Quality Assurance has approved the facility listed above for the following licensure action(s):

☒ New Facility ☐ CHOW ☐ Name Change ☐ Licensee Change ☐ Address Change ☐ Bed Change ☐ Closure

1. New Facility - Effective Date of Initial Licensure: 10 - 09 - 14

Bed Capacity:

Skilled 96

Under Age 22

Intermediate

ICF/DD

ICF/DD > 16 Beds

Sheltered Care

Community Living

TOTAL 96

RECEIVED

OCT 14 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARDFacility will operate an ASCU: ☐ Yes ☒ No

2. Change of Ownership - Effective Date of Ownership: _____ - _____ - _____

Effective Date of Licensure: _____ - _____ - _____

New Facility Name: _____

New Licensee ID#: _____

Bed Capacity:

Skilled

Under Age 22

Intermediate

ICF/DD

ICF/DD > 16 Beds

Sheltered Care

Community Living

TOTAL

Facility will operate an ASCU: ☐ Yes ☐ No



Long-Term Care Facility - Approved Licensure Actions

3. Change of Facility Name - Effective Date of Change: _____ - _____ - _____

New Facility Name: _____

4. Change of Licensee Name - Effective Date of Change: _____ - _____ - _____

New Licensee Name: _____

5. Change of Address - Effective Date of Change: _____ - _____ - _____

New Address: _____

6. Capacity and/or Level of Care - Effective Date: _____ - _____ - _____

From:

Skilled	_____
Under Age 22	_____
Intermediate	_____
ICF/DD	_____
ICF/DD > 16 Beds	_____
Sheltered Care	_____
Community Living	_____
TOTAL	_____

To:

Skilled	_____
Under Age 22	_____
Intermediate	_____
ICF/DD	_____
ICF/DD > 16 Beds	_____
Sheltered Care	_____
Community Living	_____
TOTAL	_____

7. Closure of Facility - Effective Date of Closure: _____ - _____ - _____

Reason for Closure: _____

Additional Notes: _____

*Debra D. Bryars*¹⁶

Licensure Program Administrator

10/09/14

Date