State of Illinois
Illinois Department of Public Health

Long-Term Care Facility - Approved Licensure Actions

<u>Current Licensure Information:</u>

Facility ID #	6016406
Licensee ID#	0048660

Facility Name: Admiral at the Lake, The

Address: 833 West Foster Avenue

City: Chicago   **County:** Cook

ZIP Code: 60640

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

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

1. <u>New Facility</u> - Effective Date of Initial Licensure: __04__ - __19__ - __13__

RECEIVED

Bed Capacity:

Skilled	36
Under Age 22	
Intermediate	
ICF/DD	
ICF/DD > 16 Beds	
Sheltered Care	
Community Living	
TOTAL	36

APR 2 6 2013

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility will operate an ASCU: ☐ Yes ☒ No

2. <u>Change of Ownership</u> - 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

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

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

Reason for Closure: _____

Additional Notes: _____

_____

_____

_____

*Toni Colon*₁₆

_____
Licensure Program Administrator

04/22/13

_____
Date

Form # IL 482-0673