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, Chairwoman
Illinois Health Facilities and Services Review Board

RE: Permit Renewal Request for Project #14-044 St. Elizabeth's Hospital, Ambulatory Care Center, O'Fallon

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This is to advise you that I have reviewed the above-captioned permit renewal request within the requirements in 77 IAC 1130.740 and have determined the following:

__X__ The request is in compliance with the requirements in 77 IAC 1130.740 and the renewal 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 1130.740.

_____ Other actions as follows:

Kathy J. Olson, Chairwoman
Illinois Health Facilities and
Services Review Board

10/05/2017
Date