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 Olson, Chairman
Illinois Health Facilities and Services Review Board

RE: Approval of Permit # 15-009

Facility: Touchette Regional Medical Center, Centreville

This is to advise you that I have reviewed the above-captioned certificate of need for the discontinuation of the pediatric category of service at Touchette Regional Medical Center.

__X__ The request is in compliance with the requirements of Part 1110.

_____ This request is to be reviewed by the Health Facilities Planning Board.

_____ Other actions as follows:

Kathy Olson 6. 2. 2015

Kathy Olson, Chairman
Illinois Health Facilities and Services
Review Board

Date