



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

April 27, 2017

Asim Shazzad, Administrator
Dialysis Care Center
15786 S. Bell Road
Homer Glen, IL 60491

RE: Notice Requirement for Submitting the Final Realized Costs Report for Project # 16-022

Dear Asim Shazzad,

Please accept this letter as notice that you are required to submit the Final Realized Costs Report for Project # 16-022 - Dialysis Care Center Olympia Fields, Olympia Fields. Pursuant to the Illinois Health Facilities Planning Act (Act), this notice fulfills the Health Facilities and Services Review Board's (State Board) requirement for providing notice to permit holders of post-permit reporting requirements. The project must be completed by **June 30, 2017**. Your notice of project completion and final realized costs report is due no later than **September 30, 2017**.

The requirements for a compliant Final Realized Costs Report are defined in the State Board's regulations under 77 Ill. Adm. Code 1130.770. Your request should adhere to these requirements.

Please be aware that this permit is valid only for the approved construction or modification, site, amount and the named permit holders. If the permit holder believes that a change to the project will occur, please refer to 77 Ill. Adm. Code 1130.750 for allowable alterations and proper procedure for pursuing an alteration. Any change of a permit may constitute an alteration; all alternations shall be reported/approved by the HFSRB before any alternation is executed.

In accordance with the Act, the permit is valid until such time as the project has been completed, provided that all post-permit requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130. If the permit holder believes that additional time is required to complete the project, please refer to 77 Ill. Adm. Code 1130.740 for proper procedure for pursuing a permit renewal.

Failure to comply with the post-permit requirements may result in fines as defined in the Act and State Board regulations.

If you have already submitted your Notice of Project Completion or Final Realized Costs Report to the State Board, please disregard this notice. Should you have any questions regarding this notice, please contact Juan Morado at 312-814-2678.

Sincerely,

A handwritten signature in black ink, appearing to read "Kathy Olson", with a long horizontal flourish extending to the right.

Kathy Olson, Board Chair
Illinois Health Facilities and Services Review Board