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, Chairman
Illinois Health Facilities and Services Review Board

RE: Application for Permit # 16-041

Facility: DaVita Taylorville Dialysis, Taylorville

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This is to advise you that I have reviewed the above-captioned application for permit and have determined the following:

_X_ The request is in compliance with the requirements in 77 IAC Part 1110 and 77 IAC Part 1120 and 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 1110 and 77 IAC 1120

_____ Other actions as follows:

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

January 4, 2017
Date