



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: Change of Ownership

Facility: #E-038-16 thru #E-056-16 Advocate Northshore

This is to advise you that I have reviewed the above-captioned Change of Ownership Exemption Application with the requirements in PA 99-0154 and 77 Ill. Adm. Code 1130.520 and have determined the following:

 X This application is in compliance with the requirements in 1130.520 and PA 99-0154

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

 This application is DENIED effective _____ because it does NOT comply with the requirements specified in Ill. Adm. Code 1130.500, 1130.520 and PA 99-0154.

 Other actions as follows:

Kathy Olson, Chairman
Illinois Health Facilities
and Services Review Board

November 29, 2016
Date