



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

April 21, 2017

CERTIFIED MAIL

RETURN RECEIPT REQUESTED

Clare Connor Ranalli, Partner
McDermott, Will, & Emery
227 West Monroe Street
Chicago, IL. 60606

RE: **Incompleteness**

Health Facilities Planning Act

PROJECT: 17-017 Provident Hospital of Cook County, Chicago

APPLICANT(S): Cook County a/k/a Cook County Health & Hospital
System

Dear Ms. Ranalli:

This is to acknowledge receipt of your application for permit under the Illinois Health Facilities Planning Act. Your application, received on April 7, 2017, was deemed incomplete as of April 21, 2017. The State Agency notes the following:

**Section 1130.620(D)(1) Technical Assistance, Classification, Completeness
Review, and Review Procedures**

D) Review Procedures

- 1) All applications will be reviewed and evaluated for conformance with the applicable review criteria in effect at the time the application is deemed complete.**

The initial application, filed on April 7, 2017, is declared incomplete due to existing compliance matters with the Illinois State Cancer Registry (ISCR). The applicant's 10-business day window for submittal of additional information expired on April 20, 2017.

Per 77IAC 1130.620(c)(6): If the application is deemed complete, the date of completion shall initiate the review period. If the application is deemed incomplete, the applicant shall be allowed 45 days from the date of receipt of the notification to provide all necessary information to complete the application. Upon receipt of all additional information requested, IDPH shall again review the application for completeness and shall notify the applicant of its decision. If IDPH finds that the application remains

incomplete at the end of the allotted response period, the application shall be declared null and void, and all fees paid forfeited.

Should you have any questions regarding your application, please contact our office at (217) 782-3516 or TTY (800) 547-0466 for hearing impaired only.

Sincerely,

A handwritten signature in black ink that reads "Courtney Avery". The signature is written in a cursive, flowing style.

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board