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: #E-035-17 – Ravine Way Surgery Center

Facility: Ravine Way Surgery Center, Glenview

This is to advise you that I have reviewed the above-captioned change of ownership within the requirements in 77 IAC 1130.500, and 77 IAC 1130.520 and have determined the following:

__X__ The request is in compliance with the requirements in 77 IAC 1130.500 and 77 IAC 1130.520 and the discontinuation of a category of service request 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 1130.520.

_____ Other actions as follows:

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

August 22, 2017
Date