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: Change of Ownership

Exemption Number	Facility	City	Beds
E-065-17	Advocate Trinity Hospital	Chicago	205
E-066-17	RML Specialty Hospital	Hinsdale	115
E-067-17	BroMenn Comfort and Care Suites	Bloomington	3
E-068-17	Dreyer Ambulatory Surgery Center	Aurora	
E-069-17	RML Specialty Hospital	Chicago	86
E-070-17	Advocate Good Shepherd Hospital	Barrington	176
E-071-17	Advocate Illinois Masonic Medical Center	Chicago	397
E-072-17	Advocate Lutheran General Hospital	Park Ridge	638
E-073-17	Advocate Sherman Hospital	Elgin	255
E-074-17	Advocate South Suburban Hospital	Hazel Crest	284
E-075-17	Advocate BroMenn Medical Center	Normal	255
E-076-17	Advocate Christ Medical Center	Oak Lawn	788
E-077-17	Advocate Condell Medical Center	Libertyville	273
E-078-17	Advocate Eureka Hospital	Eureka	25
E-079-17	Advocate Good Samaritan Hospital	Downers Grove	284

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

__X__ The request is in compliance with the requirements in 77 IAC 1130.500 and 77 IAC 1130.520 is approved.

_____ This request is to be reviewed by the Health Facilities and Services Review Board.

_____ This request is DENIED effective _____ because it does **NOT** comply with the requirements specified in 77 IAC 1130.500 and 77 IAC 1130.520

_____ Other actions as follows:

February 1, 2018

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

Date