



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

June 6, 2018

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Asim Shazzad, Administrator
Dialysis Care Center
15786 S. Bell Road
Homer Glen, Illinois 60491

RE: **DENIAL OF APPLICATION**
Notice of an Opportunity for an Administrative Hearing
Illinois Health Facilities Planning Act
Project: 18-007 – Dialysis Care Center Hickory Hills, Hickory Hills
APPLICANT: Dialysis Care Center Holdings, LLC and Dialysis Care Center
Hickory Hills, LLC

Dear Mr. Shazzad:

On June 4, 2019, the Illinois Health Facilities and Services Review Board issued its denial of the application for permit for the above-referenced project. The State Board rendered its decision following consideration of the application, the State Board Staff Report and the testimony of the applicant. The State Board's decision is based upon the applicant's failure to document that a project of the nature and scope as that proposed is appropriate for the reasons stated in the following allegations of non-compliance:

Allegations of Non-Compliance

The applicants did not document conformance with the following review criteria:

- Criterion 1110.1430(c), (1), (2), (3) (5) Planning Area Need & (5)
- Criterion 1100.1430 (d) (1) (2) (3) Unnecessary Duplication of Service / Maldistribution of Service / Impact on Other Providers

Section 10 of the Illinois Health Facilities Planning Act (the "Act") (20 ILCS 3960/1 *et seq*), [20 ILCS 3960/10], affords you the opportunity for a hearing before a hearing officer appointed by Chairman of the Illinois Health Facilities and Services Review Board (State Board). Such hearing shall be conducted in accordance with the provisions specified in Section 10 of the Act and the

implementing rules, 77 IAC Part 1130. If you decide to exercise your right to a hearing, you must submit a written notice of a request for such hearing to the Administrator of the State Board, postmarked within 30 days of receipt or delivery of this notice.

Notice to Administrator may be made by forwarding the written request to my attention at the following address: Illinois Health Facilities and Services Review Board, Attention: Jeannie Mitchell, Health facilities and Services Review Board, 525 West Jefferson Street, 2nd Floor, Springfield, Illinois 62761. Failure to submit your request within this period constitutes a waiver of your right to a hearing.

If you decide to exercise your right to a hearing, the State Board, shall, within 30 days after the receipt of your request, appoint a hearing officer. The hearing will afford you the opportunity to demonstrate that the application is consistent with the criteria upon which the action of the State Board was based. Following its consideration of the report of the hearing, or upon default of the party to the hearing, the State Board shall make its final determination.

Sincerely,

A handwritten signature in cursive script that reads "Courtney Avery".

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board