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: Kindred Healthcare, Inc.

- E-003-18 – THC- North Shore Inc d/b/a Kindred Chicago Lakeshore
- E-004-18 – THC – Chicago, Inc. d/b/a Kindred Hospital Sycamore
- E-005-18 – Greater Peoria Specialty Hospital LLC d/b/a Kindred Hospital Peoria
- E-006-18 – THC- Chicago, Inc. d/b/a Kindred Hospital – Northlake
- E-007-18 – THC – Chicago, Inc. d/b/a Kindred Hospital – Chicago
- E-008-18 – THC – Chicago, Inc. d/b/a Kindred Chicago Central Hospital

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

__X__ These applications are in compliance with the requirements in 1130.520 and PA 99-0154

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

_____ These applications are 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

March 9, 2018
Date