



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

Number	Facility	City
E-029-18	Manteno Dialysis	Manteno
E-030-18	Presence Resurrection Medical Center Dialysis	Chicago
E-031-18	Presence St. Mary’s Dialysis Center	Kankakee

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:

June 20, 2018

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

Date