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

FACILITY: Tinley Woods Surgery Center

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 26, 2018

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

Date