



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

October 23, 2019

TRANSMITTED ELECTRONICALLY

Lori Wright, Senior CON Specialist
Fresenius Medical Care North America
3500 Lacey Road, Suite 900
Downers Grove, IL. 60515

Re: Project Number: #19-045
Facility Name: Fresenius Medical Care Northfield
Facility Address: 480 Central Avenue, Northfield, Illinois
Applicants: Fresenius Medical Care Holdings, Inc., Fresenius Medical Care of Illinois, LLC. d/b/a Fresenius Medical Care Northfield.
Permit Holder(s): Fresenius Medical Care Holdings, Inc., Fresenius Medical Care of Illinois, LLC. d/b/a Fresenius Medical Care Northfield.
Licensee/Operating: Fresenius Medical Care of Illinois d/b/a Fresenius Medical Care Northfield.
Project Description: Discontinue a 12-Station ESRD Facility
Permit Amount: \$0.00
Permit Conditions: None
Project Obligation Date: N/A
Project Completion Date: July 31, 2020
Annual Progress Report Due Date: N/A

Dear Ms. Wright:

On October 22, 2019, the Illinois Health Facilities and Services Review Board approved the application for permit for the above referenced project. This approval was based upon the substantial conformance with the applicable standards and criteria in the Illinois Health Facilities Planning Act (20 ILCS 3960) and 77 Illinois Administrative Codes 1110 and 1120.

*In arriving at a decision, the **State Board** adopted the **State Board staff's report and findings**, and when applicable, considered the application materials, public hearing testimony, public comments and documents, testimony presented before the Board and any additional materials requested by State Board staff.*

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and **is not transferable or assignable**. In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Illinois Administrative Code 1130. Failure to comply with these requirements may result in an invalidation or expiration of the permit, sanctions, fines and/or State Board action to revoke the permit.

Permit Letter

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Should you have any questions regarding the permit requirements, please contact Mike Constantino of George Roate of my staff at mike.constantino@illinois.gov, george.roate@illinois.gov or 217-782-3516.

Sincerely,

A handwritten signature in blue ink that reads "Courtney Avery". The signature is written in a cursive, flowing style.

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board