



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: #19-046**  
**Facility Name: Fresenius Medical Care Maple City**  
**Facility Address: 1225 Main Street, Monmouth, Illinois**  
**Applicants: Fresenius Medical Care Holdings, Inc., Fresenius Medical Care Monmouth, LLC. d/b/a Fresenius Medical Care Maple City.**  
**Permit Holder(s): Fresenius Medical Care Holdings, Inc., Fresenius Medical Care Monmouth, LLC. d/b/a Fresenius Medical Care Maple City.**  
**Licensee/Operating: Fresenius Medical Care Monmouth, LLC. d/b/a Fresenius Medical Care Maple City.**  
**Project Description: Discontinue a 9-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.

Should you have any questions regarding the permit requirements, please contact Mike Constantino of George Roate of my staff at [mike.constantino@illinois.gov](mailto:mike.constantino@illinois.gov), [george.roate@illinois.gov](mailto: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