



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
Office of Policy, Planning

FROM: Debra Savage, Chairman
Illinois Health Facilities and Services Review Board

RE: Approval of Certificate of Need Application #21-024

Facility: Decatur Memorial Hospital

This is to advise you that I have reviewed the above-captioned exemption and have determined the following:

- X The request is in compliance with the requirements in Part 1110 and 1120 is approved.
- This request is to be reviewed by the Illinois Health Facilities and Services Review Board
- This request is DENIED effective _____ because it does **NOT** comply with the requirements specified in Part 1110 and 1120.
- Other actions as follows:



Debra Savage, Chairman
Illinois Health Facilities and Services
Review Board

October 11, 2021

Date