



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 Application for Exemption – Change of Ownership

Facility: #E-024–21 – Kindred Hospital–Lakeshore

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

- ☒ The request is in compliance with the requirements in Part 1130 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 1130.
- ☐ Other actions as follows:

Debra Savage, Chairman
Illinois Health Facilities and Services
Review Board

November 22, 2021

Date

ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD