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: Change of Ownership

Facility: #E-007-22 - Presence Saint Elizabeth Hospital - Chicago

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

__X__ The request is in compliance with the requirements in 77 ILAC 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 77 ILAC 1130

_____ Other actions as follows:

Debra Savage, Chairman
Illinois Health Facilities and Services Review Board

02-21-2022
Date