

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-023-22 – Fayette Community Hospital |
| This is to advise you that I have reviewed the above-captioned Exemption Application and have determined the following: | |
| <u>X</u> | 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: |
| Illinoi | Savage, Chairman SHealth Facilities and Services W Board Date |