



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
Division of Health Systems Development

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

RE: Relinquishment of Exemption

FACILITY: #E-032-22 – Grand Avenue Surgical Center

This is to advise you that I have reviewed the above-captioned RELINQUISHMENT OF EXEMPTION within the requirements in Part 1130 and have d the following:

 X The request is in compliance with the requirements in Part 1130 and the request is approved.

 This request is to be reviewed by the Health Facilities Planning Board.

 This request is DENIED effective _____ because it does **NOT** comply with the requirements specified in Part 1130.

 Other actions as follows:



August 15, 2023

Debra Savage, Chairwoman
Illinois Health Facilities and Services
Review Board

Date