

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-040-22 – Midwestern Regional Medical Center

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 <u>NOT</u> comply with the requirements specified in 77 ILAC 1130
- _____ Other actions as follows:

Delia Shrape

Debra Savage, Chairman Illinois Health Facilities and Services Review Board

08-18-2022

Date