



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 Application for Exemptions

Facility: #E-070-22-Mount Sinai Dialysis Facility

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

 X 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 11, 2022

Date