



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

March 24, 2025

TRANSMITTED ELECTRONICALLY AND CERTIFIED MAIL

Anne M. Cooper, Attorney
Polsinelli PC
150 North Riverside Plaza, Suite 3000
Chicago, Illinois 60606

acooper@polsinelli.com

Re: Project Number: #24-037
Facility Name: Kindred Chicago Lakeshore
Facility Address: 6130 North Sheridan Road, Chicago, Illinois
Applicants: Kindred Healthcare Operating, LLC, Kindred THC Northshore, LLC
Project Description: Discontinue 103-Bed Long Term Acute Care Hospital (LTACH)
Permit Amount: \$0.00
Permit Conditions: none
Financial Commitment Date: N/A
Project Completion Date: April 30, 2025
Annual Progress Report Due Date: N/A

Dear Ms. Cooper:

On March 18, 2025, the Illinois Health Facilities and Services Review Board approved the application for a permit for the above-referenced project. This approval was based on the substantial conformance with the applicable standards and criteria in the Illinois Health Facilities Planning Act [20 ILCS 3960] and 77 Ill. Adm. Code 1110 and 1120.

In arriving at a decision, HFSRB adopted HFSRB staff's report and findings, as well as the consideration of the application materials, public hearing testimony, public comments, and/or documents, testimony presented before HFSRB, and any additional materials requested by HFSRB staff.

This letter confirms the permit issuance following approval at the aforementioned HFSRB meeting. This permit is valid only for the defined construction or modification, site, permit amount, project completion date, and the named permit holder (as outlined in the application and the above-mentioned HFSRB open meeting) and is **not transferable or assignable**. Under the Planning Act, the permit is valid until the project has been completed, provided all post-permit requirements have been fulfilled, as outlined in 77 Ill. Adm. Code 1130.

The above-referenced permit holder must comply with all applicable requirements outlined in 77 Ill. Adm. Code 1130 includes, without limitation, the following criteria to maintain a valid permit. Failure to comply with the requirements may invalidate the license, sanctions, fines, and/or HFSRB action to revoke the permit.



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

1. FINANCIAL COMMITMENT 77 Ill. Adm. Code 1130.720

The project must be obligated by the above-referenced **Financial Commitment Date** unless the permit holder obtains an “Extension of the Financial Commitment Period” as provided in 77 Ill. Adm. Code 1130.730. The Financial Commitment is to be reported as part of the first annual progress report for permits requiring financial commitment within twelve (12) months after issuance. For major construction projects that need financial commitment within twenty-four (24) months after permit issuance, financial commitment must be reported as part of the second annual progress report. If project completion is required before the respective annual progress report referenced above, project obligation must be reported as part of the notice of project completion. The reporting of financial commitment must reference a specific date by which at least 33% of total funds assigned to project costs were expended or committed to be expended by signed contracts or other legal means.

2. ANNUAL PROGRESS REPORT-SECTION 77 Ill. Adm. Code 1130.760

An annual progress report must be submitted to HFSRB every 12th month from the permit issuance date until the project is completed.

3. PROJECT COMPLETION REQUIREMENTS-SECTION 77 Ill. Adm. Code 1130.770

The requirements for a compliant Final Realized Costs Report are defined in the State Board’s regulations under 77 Ill. Adm. Code 1130.770. This letter serves as notice of the permit holder’s obligation to comply with all post-permitting requirements, including, but not limited to, the project completion notification and the final costs realized report.

This permit does not exempt the project or permit holder from licensing and certification requirements, including approval of applicable architectural plans and specifications before construction.

Please note that the Illinois Department of Public Health will not license the permitted facility until all the permit requirements outlined in the applicable sections in Title 77 of the Illinois Administrative Code have been fulfilled.

Should you have any questions, contact HFSRB staff at (217) 782-3516 or via email at DPH.HFSRB@illinois.gov.

Sincerely,

Debra Savage, Chairwoman
Illinois Health Facilities and Services Review Board



STATE OF ILLINOIS

HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST, SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

Sharie Ryan, HFSRB Office Coordinator, under penalties as provided by law pursuant to §1-109 of the Code of Civil Procedure (735 ILCS 5/1-109), certifies that the statements set forth in this certificate of service are true and correct, except as to matters therein stated to be on information and belief and as to such matters the undersigned certifies as aforesaid that they verily believe the same to be true and that they have served a copy of the above-mentioned documents from the foregoing Illinois Health Facilities & Services Review Board on March 24, 2025 to the below-referenced Applicant(s), by electronic mail and U.S. Post Office Certified Mail to the following:

Anne M. Cooper, Attorney
Polsinelli PC
150 North Riverside Plaza, Suite 3000
Chicago, Illinois 60606

acooper@polsinelli.com

By: s/ Sharie Ryan
HFSRB Office Coordinator