



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

April 13, 2011

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Brian Cloch, CEO
Transitional Care Center of Arlington Heights, LLC
836 Skokie Boulevard
Northbrook, Illinois 60062

Re: Project #11-006 – Transitional Care Center of Arlington Heights

Dear Mr. Cloch:

I am in the process of reviewing the information you have submitted with your application for permit and I need additional information.

- The referral letters submitted by the physicians are not in compliance with the requirements of 77 IAC 1110.1730 (b)(3)B). Please provide revised referral letters that meet the requirements of the rule.
- You are required to attest that the proposed project meet the 90% occupancy by the second year after project completion. I can find no evidence that this will be the case. Please provide documentation that supports this assertion.
- From the information you have provided I cannot determine if sufficient staff will be available to meet the needs of the proposed facility. Please provide the necessary documentation as outlined in 77 IAC 1110.1730(g).
- Please provide the projected payor mix for this facility.
- Please provide the status of your project in the FHA/HUD 232 Loan process.
- Please provide a project Cost and Sources of Funds statement that does not include the cost of the land in the project cost. See page 5 of the application for permit.

This information needs to be submitted to this office no later than May 2, 2011. We also have extended the review period for this project. This project will be heard at the June 28, 2011 State Board Meeting. If you have any questions please call 217-782-3516.

Sincerely,

A handwritten signature in black ink that reads "Mike Constantino".

Mike Constantino