

12-036

HFBB

State of Illinois
Illinois Department of Public Health

The Healthcare Center At



Long-Term Care Facility - Approved Licensure Actions *MONARCH LANDING*

Current Licensure Information: 2255

Facility ID # 6016877

Licensee ID# 0052811

Facility Name: Springs at Monarch Landing, The

Address: 2308 North Route 59

City: Naperville County: Dupage

ZIP Code: 60563

The Division of Long-Term Care Quality Assurance has approved the facility listed above for the following licensure actions(s):

- New Facility CHOW Name Change Licensee Change Address Change Bed Change Closure

1. New Facility - Effective Date of Initial Licensure: 10 - 09 - 14

Bed Capacity:	Skilled	<u>96</u>
	Under Age 22	_____
	Intermediate	_____
	ICF/DD	_____
	ICF/DD > 16 Beds	_____
	Sheltered Care	_____
	Community Living	_____
	TOTAL	<u>96</u>

RECEIVED

OCT 14 2014

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Facility will operate an ASCU: Yes No

2. Change of Ownership - Effective Date of Ownership: _____ - _____ - _____

Effective Date of Licensure: _____ - _____ - _____

New Facility Name: _____

New Licensee ID#: _____

Bed Capacity:	Skilled	_____
	Under Age 22	_____
	Intermediate	_____
	ICF/DD	_____
	ICF/DD > 16 Beds	_____
	Sheltered Care	_____
	Community Living	_____
	TOTAL	_____

Facility will operate an ASCU: Yes No



Long-Term Care Facility - Approved Licensure Actions

3. Change of Facility Name - Effective Date of Change: _____ - _____ - _____

New Facility Name: _____

4. Change of Licensee Name - Effective Date of Change: _____ - _____ - _____

New Licensee Name: _____

5. Change of Address - Effective Date of Change: _____ - _____ - _____

New Address: _____

6. Capacity and/or Level of Care - Effective Date: _____ - _____ - _____

From:

Skilled	_____
Under Age 22	_____
Intermediate	_____
ICF/DD	_____
ICF/DD > 16 Beds	_____
Sheltered Care	_____
Community Living	_____
TOTAL	_____

To:

Skilled	_____
Under Age 22	_____
Intermediate	_____
ICF/DD	_____
ICF/DD > 16 Beds	_____
Sheltered Care	_____
Community Living	_____
TOTAL	_____

7. Closure of Facility - Effective Date of Closure: _____ - _____ - _____

Reason for Closure: _____

Additional Notes: _____

*Debra D. Bryars*¹⁶

Licensure Program Administrator

10/09/14

Date