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
Division of Health Systems Development

FROM: Kathy J. Olson, Chairman
Illinois Health Facilities and Services Review Board

RE: Alteration Request for Permit # 14-006 Northwestern Lake Forest Hospital

Facility: Northwestern Lake Forest Hospital, Lake Forest

This is to advise you that I have reviewed the above-captioned alteration request within the requirements in 77 IAC 1130.750 and have determined the following:

X The request is in compliance with the requirements in 77 IAC 1130.750 and the alteration request is approved.

_____ This request is to be reviewed by the Health Facilities Planning Board.

_____ This request is DENIED effective _____ because it does **NOT** comply with the requirements specified in 77 IAC 1130.750.

_____ Other actions as follows:

Kathy J. Olson, Chairman
Illinois Health Facilities and Services
Review Board

4/21/15
Date