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 Olson, Chairman
Illinois Health Facilities and Services Review Board

RE: Permit #15-045

Facility: Nephron Dialysis Center, Ltd, Chicago, Illinois

This is to advise you that I have reviewed the above-captioned application for permit with the requirements in 77 Ill. Adm. Code 1110.1430 and 77 Ill. Adm. Code 1120.120, 1120.130, and 1120.140 and have determined the following:

__X__ This application is in compliance with the requirements in 1110.1430 and 1120.

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

_____ This application is DENIED effective _____ because it does NOT comply with the requirements specified in Ill. Adm. Code 1130.520.

_____ Other actions as follows:

Kathy Olson

October 7, 2015

Kathy Olson, Chairman
Illinois Health Facilities
and Services Review Board

Date