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, Chairwoman
Illinois Health Facilities and Services Review Board

RE: Application for Permit Project #16-016 DaVita Jerseyville Dialysis, Jerseyville

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This is to advise you that I have reviewed the above-captioned application for permit within the requirements in 77 IAC 1110 and 1120, and have determined the following:

X The request is in compliance with the requirements in 77 IAC 1110/1120 and the application for permit is approved.

____ This application for permit is to be reviewed by the Health Facilities Planning Board.

____ This application for permit is DENIED effective _____ because it does **NOT** comply with the requirements specified in 77 IAC 1110/1120.

____ Other actions as follows:

Kathy Olson

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

April 22,2016

Date