Illinois Department of Public Health
Division of Long Term Care Quality Assurance Plan Review
NOTIFICATION OF CONSTRUCTION START DATE
(This form is to be completed and submitted <u>at the start of construction</u>)

Facility Name _____

Address _____

City _____, IL

IDPH Project No.: _____

Project Description: _____

_____

Current Project Status: Ongoing Abandoned/Withdrawn_____
Complete and Date Completed _____

In accordance with the Nursing Home Care Act, Section 3-202.5 "Final approval of the drawings and specifications for compliance with design and construction standards shall be obtained from the Department before the alteration, addition, or new construction is begun."

Based on the above code citation, it has been determined that the Illinois Department of Public Health (IDPH) is required to record the date the construction began. Please provide the information listed below as soon as possible **once construction has started**.

Please fax this completed form to IDPH, Division of Long Term Care Quality Assurance, at 217-785-4200 or mail to:

Illinois Department of Public Health
Division of Long Term Care Quality Assurance
525 West Jefferson Street, 5th Floor
Springfield, Illinois 62761

Date Construction Begun _____

_____
Name of Architect or Authorized Representative

_____ _____
Signature of Architect or Authorized Representative Date