

St. Mary's Good Samaritan Incorporated

Cosponsored by Felician Services, Inc.
and SSM Health Care

October 26, 2012

RECEIVED

OCT 29 2012

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Mr. Dale Galassie
Chairperson
Illinois Health Facilities & Services Review Board
525 W. Jefferson Street, 2nd floor
Springfield, IL 62761

Re: Request for Permit Renewal – Good Samaritan Regional Health Center
(project 08-051)

Dear Mr. Galassie,

On behalf of Good Samaritan Regional Health Center, I am writing to request a permit renewal for project #08-051 in accordance with Section 1130.740 of the *Illinois Health Facilities and Services Review* administrative rules. This request is filed within 45 days of the permit completion date of December 31, 2012.

We are requesting a permit renewal to allow additional time to close-out the financials, including receipt of final bills, issuance of final payments, and the completion of a financial audit of the project. The replacement hospital reached substantial completion on October 15, 2012, and will open at the new location on January 20, 2013. We expect the Illinois Department of Public Health to complete its inspection in early November. In preparation for this review, we have completed three interim IDPH inspections and a mock survey conducted by our Code Consultant.

We are requesting a 6-month permit renewal with a revised completion date of June 30, 2013. A \$500 check is enclosed with this letter to cover the processing fee.

Thank you for your consideration. If you should have any questions, please call me at (618) 241-2201.

Sincerely,



Michael D. Warren, FACHE
President, Good Samaritan Regional Health Center

cc: Mike Constantino

605 North 12th Street
Mt. Vernon, 62864
618.242.4600

www.smgsi.com

ILLINOIS HEALTH FACILITIES &
 SERVICES REVIEW BOARD
 525 W JEFFERSON ST 2ND FLOOR
 SPRINGFIELD IL 62761

REORDER 805 · U.S. PATENT NO. 5538290, 5575508, 5641183, 5785353, 5984364, 603000

SSM Health Care EC
 477 N. Lindbergh Blvd.
 St. Louis, MO 63141
 (314) 989-3621
 (855) 989-3621 Toll Free

Vendor No: 1000

Check Date: 10/26/2012

Check No: 0030182454

Invoice Number	Invoice Date	Account#	Hosp CD	Reference Doc	Amount	Discount	Net Amount
PERMIT 08-051	10/24/2012		GSRHC	1900164531	500.00	0.00	500.00
	Check Total						500.00

*** Pursuant to the 2005 Deficit Reduction Act, we are informing vendors and contractors about Federal and State False Claims Acts and the related SSM Health Care policies. Please visit www.ssmhc.com and type False Claims Act into the search field for more information. ***

DETACH FROM CHECK AND KEEP FOR YOUR RECORDS

THIS CHECK IS VOID WITHOUT A PURPLE & BLUE BORDER AND BACKGROUND PLUS A KNIGHT & FINGERPRINT WATERMARK ON THE BACK. HOLD AT ANGLE TO VIEW.



477 N. Lindbergh Blvd.
 St. Louis, MO 63141
 (314) 989-3621
 (855) 989-3621 Toll free



64-1278/611

DATE	CHECK NO.
10/26/2012	0030182454

AMOUNT
\$*****500.00

VOID AFTER 90 DAYS

Pay FIVE HUNDRED

Pay to the order of

ILLINOIS HEALTH FACILITIES &
 SERVICES REVIEW BOARD
 525 W JEFFERSON ST 2ND FLOOR
 SPRINGFIELD IL 62761

William P. Thompson
 AUTHORIZED SIGNATURE

08-051 Good Samaritan Regional Health Center

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