

 ORIGINAL

Attachment 9, Appendix 1

Impact Letters and Return Receipts

Pages 45 - 516

HEALTH FACILITIES AND SERVICES  
REVIEW BOARD

APPLICATION FOR PERMIT  
TO  
DISCONTINUE  
THE GENERAL LONG TERM CARE  
CATEGORY OF SERVICE

AT

ADVOCATE SOUTH SUBURBAN HOSPITAL  
HAZEL CREST, ILLINOIS

ADVOCATE HEALTH AND HOSPITALS CORPORATION d/b/a/

ADVOCATE SOUTH SUBURBAN HOSPITAL

and

ADVOCATE HEALTH CARE NETWORK

October 8, 2009

**RECEIVED**

OCT 13 2009

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

July 22, 2009

Jennifer Illarde  
Alden North Shore Rehab & HC  
5050 West Touhy  
Skokie, IL 60077

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Jennifer Illarde:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

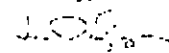
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage</b>	<b>5.54</b>	

7009 0820 0001 7434 1899

Sent To: Jennifer Illarde  
Alden North Shore Rehab & HC  
Special Agent No. 5050 West Touhy  
or PO Box No. Skokie, IL 60077  
City, State, ZIP+4®

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Jennifer Illarde  Alden North Shore Rehab &amp; HC  5050 West Touhy  Skokie, IL 60077</p> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p style="margin-left: 20px;">X <i>J. Illarde</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p style="margin-left: 20px;">7-27-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7009 0820 0001 7434 1899	
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-00-154K

July 22, 2009

Fred Green  
Alden-Lakeland Rehab & Care Center  
820 West Lawrence  
Chicago, IL 60640

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Fred Green:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

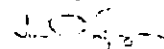
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

Sent To: Fred Green  
Alden-Lakeland Rehab & Care  
Center  
820 West Lawrence  
Chicago, IL 60640

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p>Fred A. Young 7/25/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Fred Green  Alden-Lakeland Rehab &amp; Care  Center  820 West Lawrence  Chicago, IL 60640</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p> <p>7009 0820 0003 7434 1905</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

July 22, 2009

Clara Leonard  
Alden-Naperville Rehab & Care  
1525 South Oxford Lane  
Naperville, IL 60565

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Clara Leonard:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

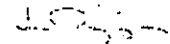
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com

7009 0820 0001 7434 1912

**OFFICIAL USE**

Postage	1.44	Payment Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Postage &amp; Fees</b>		

**Clara Leonard**  
Alden-Naperville Rehab & Care  
1525 South Oxford Lane  
Naperville, IL 60565

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Clara Leonard  
Alden-Naperville Rehab & Care  
1525 South Oxford Lane  
Naperville, IL 60565

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X ANNE S. EDWARDS Agent

B. Received by (Printed Name)  
ANNE S. EDWARDS

D. Is delivery address different from item 1?  Yes  No

3. Service Type
- Certified Mail
  - Registered Mail
  - Insured Mail
  - Restricted Delivery (Extra Fee)
  - Express Mail
  - Return Receipt for Merchandise
  - C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
(Number from service label)

7009 0820 0001 7434 1912

10576-02-001-100

July 22, 2009

Rosalinda Tolentino  
Alden-Northmoor Rehab & HC Center  
5831 North Northwest Hwy  
Chicago, IL 60631

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Rosalinda Tolentino:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

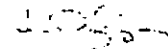
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

OFFICIAL USE

7009 0820 0001 7434 1929

Postage	1.44	Postmark Here
Certified Fee	2.60	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; F</b>	<b>5.34</b>	

Sent to: Rosalinda Tolentino  
 Alden-Northmoor Rehab & HC  
 Center  
 5831 North Northwest Hwy  
 Chicago, IL 60631

PS Form 3811, April 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>07-25-09</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Rosalinda Tolentino          Alden-Northmoor Rehab &amp; HC          Center          5831 North Northwest Hwy          Chicago, IL 60631</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Restricted Mail <input type="checkbox"/> Signature Required</p> <p>4. Restricted Delivery (Endorsement) <input type="checkbox"/> Yes</p>
<p>2. Article Number <b>7009 0820 0001 7434 1929</b></p> <p><small>(Transfer from service label)</small></p>	<p style="text-align: center;"><b>CHICAGO NORTHMOOR</b></p>

PS Form 3811, February 2004      Domestic Return Receipt      102595-02-01-1540

July 22, 2009

Scott Mow  
Alden-Orland Park Rehab & HCC  
16450 South 97th Avenue  
Orland Park, IL 60462

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Scott Mow:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

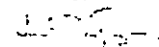
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/></p> <p>B. Received by (Printed Name) <u>[Signature]</u> <input type="checkbox"/> Addressee <input type="checkbox"/></p> <p>C. Date of Delivery <u>7-25-05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>Scott Mow Alden-Orland Park Rehab &amp; HCC 16450 South 97th Avenue Orland Park, IL 60462</p>		<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label) <u>7009 0820 0001 7434 1936</u></p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	
<p>PS Form 3811, February 2004</p>		<p>Domestic Return Receipt</p>	

102595-02-M-1540

July 22, 2009

Marcelino H. Villafania  
Alden-Princeton Rehab & Care  
255 West 69th Street  
Chicago, IL 60621

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Marcelino H. Villafania:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

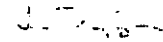
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>SM</sup>  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com).

**SPECIAL USE**

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Excludes Registered Mail)	2.30
Restricted Delivery Fee (Excludes Registered Mail)	
Total Postage & Fees	\$ 3.54

Postmark  
Here

Send to: **Marcelino H. Villafania**  
**Alden-Princeton Rehab & Care**  
**255 West 69th Street**  
**Chicago, IL 60621**

PS Form 3811

7009 0820 0001 7434 1943

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on this reverse so that we can return the card to you.  
 Attach this card to the back of the multiple, or on the front if space permits.

1. Article Addressed to:  
**Marcelino H. Villafania**  
**Alden-Princeton Rehab & Care**  
**255 West 69th Street**  
**Chicago, IL 60621**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Date of Delivery  
 Registered  
 Insured Mail  
 Restricted Delivery? (Extra Fee)  Yes  No

C. Date of Delivery  
**APR 17 - 25-04**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Restricted Delivery? (Extra Fee)  Yes  No

4. Return Receipt for Merchandise  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 Yes  No

2. Article Number  
*(Transfer from service label)*  
**7009 0820 0001 7434 1943**

PS Form 3811, February 2004 Domestic Return Receipt 12255-02-00-1940

July 22, 2009

Michael Stoudt  
Alden-Town Manor Rehab & HHC  
6120 West Ogden  
Cicero, IL 60804

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Michael Stoudt:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

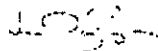
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Package	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; F</b>	<b>5.54</b>

Postmark Here

7009 0820 0001 7434 1950

Sent To: Michael Stoudt  
 Aiden-Town Manor Rehab & HHC  
 6120 West Ogden  
 Cicero, IL 60804

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>[Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>[Signature]</i></p> <p>C. Date of Delivery  <i>7-26-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Michael Stoudt          Aiden-Town Manor Rehab &amp; HHC          6120 West Ogden          Cicero, IL 60804</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7009 0820 0001 7434 1950	
PS Form 3811, February 2004 Domestic Return Receipt 102905-02-M-1040	

July 22, 2009

Lynnette Torres  
Alden-Wentworth Rehab & Care  
201 West 69th Street  
Chicago, IL 60621

Re: Proposed Discontinuation, Long Term Care Category of Service

Dear Lynnette Torres:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

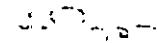
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage Provided)*  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Package \$	1.14
Certified Fee	
Return Receipt Fee (Electronic Preferred)	2.80
Postage & Delivery Fee (Inclusive of Postage)	3.30
Total Package	5.54

Postmark Here

**Lynette Torres**  
Alden-Wentworth Rehab & Care  
201 West 69th Street  
Chicago, IL 60621

PS Form 3800, August 2005

7009 0820 0001 7434 1967

**CERTIFIED MAIL™**



7009 0820 0001 7434 1967

12800 South Kedzie Avenue  
Harold, Ill. 60429-0089

-hospital



UNITED STATES POSTAL SERVICE

\$ 05.540  
MAILED FROM 7434 OK

Lynette Torres  
Alden-Wentworth Rehab & Care  
201 West 69th Street  
Chicago, IL 60621

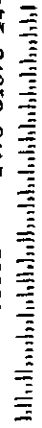
HK

NIXIE 606 SE 1 22 07/31/09 K

RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

DC: 6042909899 \*1476-01670-24-05

6062133756 C  
6042909899



July 22, 2009

Philip Morgenstein  
All American Nursing Home  
5448 North Broadway  
Chicago, IL 60640

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Philip Morgenstein:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

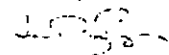
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.40	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	5.54	
<b>Total Postage</b>		

Sent to: Philip Morgenstein  
 All American Nursing Home  
 5448 North Broadway  
 Chicago, IL 60640

PS Form 3800, January 2004

7009 0620 0001 7434 1974

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Philip Morgenstein            All American Nursing Home            5448 North Broadway            Chicago, IL 60640</p> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> State of Delivery</p> <p><i>[Signature]</i> 7/25/04</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0620 0001 7434 1974</p>	
<p><small>PS Form 3811, February 2004 Domestic Return Receipt 102590 02-11-1540</small></p>	

July 22, 2009

Debra Brown  
All Faith Pavilion  
3500 South Giles Avenue  
Chicago, IL 60653

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Debra Brown:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

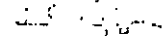
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Add-on to Receipt)	2.30	
Restricted Delivery Fee (If Consignment Required)		
Total Postage	2 514	

Send to Debra Brown  
All Faith Pavilion  
3500 South Giles Avenue  
Chicago, IL 60653

7009 0820 0001 7434 1981

**CERTIFIED MAIL™**



7009 0820 0001 7434 1981

17800 South Kedzie Avenue  
Hazel Crest, Illinois 60429-0989

Debra Brown  
All Faith Pavilion  
3500 South Giles Avenue  
Chicago, IL 60653

*Not*

60653S1106 0034  
504290989

ospital



NIXIE 805 SE 1 22 07/23/08  
RETURN TO SENDER  
ATTEMPTED - NOT KNOWN  
UNABLE TO FORWARD

BC: 60429098999 \*1476-01658-24-35

July 22, 2009

Pamela Solomon  
Alshore House  
2840 West Foster Avenue  
Chicago, IL 60625

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Pamela Solomon:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

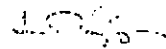
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Pamela Solomon</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee</p> <p><i>Pamela Solomon</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Pamela Solomon          Ashore House          2840 West Foster Avenue          Chicago, IL 60625</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7009 0820 0001 7434 1998</p>

PS Form 3811, February 2004

Domestic Return Receipt

102395-02-04-1040

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 3.54</b>	

Sent To: Pamela Solomon  
 Ashore House  
 2840 West Foster Avenue  
 Chicago, IL 60625

PS 1 of 1 (8/01)

July 22, 2009

Patricia Correa  
Ambassador Nursing Center  
4900 North Bernard  
Chicago, IL 60625

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Patricia Correa:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

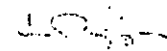
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>[Signature]</i></p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Patricia Correa Ambassador Nursing Center 4900 North Bernard Chicago, IL 60625		E. H. Jung	7/28/09
		D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		3. Service Type	
		<input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label)		7009 0820 0001 7434 2001	
PS Form 3811, February 2004		Domestic Return Receipt	

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>5.54</b>

Postmark Here

7009 0820 0001 7434 2001

Send To: Patricia Correa  
 Ambassador Nursing Center  
 4900 North Bernard  
 Chicago, IL 60625

PS Form 3811

July 22, 2009

Dianne O'Connor  
Applewood Nursing & Rehab Center  
21020 Kostner Avenue  
Mateson, IL 60443

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Dianne O'Connor:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

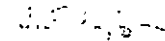
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit our website at www.usps.com.

Package #	144
Certified Fee	2.50
Return Receipt Fee (Enclosurement Required)	2.30
Business Delivery Fee (Enclosurement Required)	5.54
<b>Total Postage</b>	

Postmark Here

**Send To** Dianne O'Connor  
 Applewood Nursing & Rehab Center  
 21020 Kosmer Avenue  
 Oak Brook, IL 60443

PS Form 3811

7009 0820 0001 7434 2016

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Dianne O'Connor  
 Applewood Nursing & Rehab Center  
 21020 Kosmer Avenue  
 Matteson, IL 60443

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X *Dianne O'Connor*

B. Received by (Print Name)  Date of Delivery  
*Laura O'Connor* 7-25-09

C. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery (Extra Fee)  Yes  No

2. Article Number (Transfer from service label) 7009 0820 0001 7434 2016

PS Form 3811, February 2004 Domestic Return Receipt 12999-01-000-1090

July 22, 2009

Thomas Annarella  
Arbor of Itasca  
535 South Elm  
Itasca, IL 60143

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Thomas Annarella:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

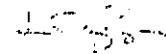
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.44	
Certified Fee	2.50	Postmark Here
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	7.54	
<b>Total Postage</b>	<b>Thomas Annarella</b>	

Send To: **Arbor of Itasca**  
**535 South Elm**  
**Itasca, IL 60143**

PS Form 3811, August 2004      See Reverse for Instructions

7009 0620 0001 7434 2025

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Thomas Annarella Arbor of Itasca 535 South Elm Itasca, IL 60143</p> <p>2. Article Number <small>(Transfer from service label)</small></p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Thomas Annarella</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>D. Mc Manus</i>      <i>7/27/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p style="margin-left: 20px;">If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>7009 0620 0001 7434 2025</p> <p>PS Form 3811, February 2004      Domestic Return Receipt      102505-02-11-1540</p>	

July 22, 2009

Debra L. Patty  
Arbour Health Care Center  
1512 West Fargo  
Chicago, IL 60626

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Debra L. Patty:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

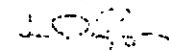
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

7009 0620 0001 7434 2032

Send To  
 Debra L. Patty  
 Arbour Health Care Center  
 1512 West Fargo  
 Chicago, IL 60626

PS Form 3811, February 2004

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Debra L. Patty          Arbour Health Care Center          1512 West Fargo          Chicago, IL 60626</p> <p>2. Article Number          (Transfer from service label) 7009 0620 0001 7434 2032</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery          M. J. 27-00</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	---

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-00-1640

July 22, 2009

Yeruchom Levovitz  
Atrium Health Care Center  
1425 West Estes  
Chicago, IL 60626

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Yeruchom Levovitz:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

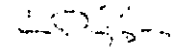
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



July 22, 2009

JoeAnn Brew  
Avenue Care Center  
4505 South Drexel  
Chicago, IL 60653

Re: Proposed Discontinuation: Long Term Care Category of Service

Dear JoeAnn Brew:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

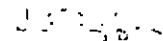
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverages Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

7009 0820 0001 7434 2056

Package	111	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Enclosure Required)	2.30	
Registered Delivery Fee (Express Mail Required)	5.54	
<b>Total Postage</b>		

JoeAnn Brew  
 Avenue Care Center  
 4505 South Drexel  
 Chicago, IL 60653

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front, if space permits.  
 1. Article Addressed to:

JoeAnn Brew  
 Avenue Care Center  
 4505 South Drexel  
 Chicago, IL 60653

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: X JoeAnn Brew  Agent  Addressee  
 B. Received by (Printed Name) JoeAnn Brew  Addressee  
 C. Date of Delivery 1/23/09  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from service label) 7009 0820 0001 7434 2056  
 PS Form 3811, February 2004 Domestic Return Receipt

July 22, 2009

Eli Pick  
Ballard Nursing Center  
9300 Ballard Road  
Des Plaines, IL 60016

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Eli Pick:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

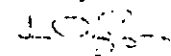
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage \$ 1.44

Certified Fee 1.80

Return Receipt Fee (Endorsement Required) 2.30

Restricted Delivery Fee (Endorsement Required) 5.54

Total Postage 11.08

Sent to Eli Pick  
Ballard Nursing Center  
9300 Ballard Road  
Des Plaines, IL 60016

PS Form 3811, August 2004

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Eli Pick  
Ballard Nursing Center  
9300 Ballard Road  
Des Plaines, IL 60016

2. Article Number (Transfer from service label) 7009 0820 0001 7434 2063

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
x Stephanie Rostov

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 7-25

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-44-1640

July 22, 2009

Barry R. Taerbaum  
Balmoral Home  
2055 West Balmoral Avenue  
Chicago, IL 60625

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Barry R. Taerbaum:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

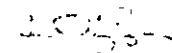
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Barry R. Taerbaum Balmoral Home 2055 West Balmoral Avenue Chicago, IL 60625</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7009 0820 0001 7434 2070</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3611, February 2004

Domestic Return Receipt

102595-02-04-1540

U.S. Postal Service<sup>®</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
Total Postage	12.08	

Sent to: Barry R. Taerbaum  
 Balmoral Home  
 2055 West Balmoral Avenue  
 Chicago, IL 60625

PS Form 3800

July 22, 2009

Chris Anderson  
Beacon Hill  
2400 South Finley Road  
Lombard, IL 60148

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Chris Anderson:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

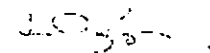
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service...  
CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
Total Postage		
Sent To: Chris Anderson		
Beacon Hill		
2400 South Finley Road		
Lombard, IL 60148		

7009 0820 0003 7434 2087

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>X J Scudieri</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>J SCUDIERI</i>      <i>7-25-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Chris Anderson  Beacon Hill  2400 South Finley Road  Lombard, IL 60148</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p>	<p style="text-align: center;">7009 0820 0003 7434 2087</p>
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1540</p>	



July 22, 2009

Marcia Quale  
Beecher Manor Nursing & Rehab Center  
1201 Dixie Highway  
Beecher, IL 60401

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Marcia Quale:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

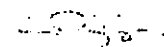
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service<sup>®</sup>**  
**CERTIFIED MAIL<sup>™</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information, visit our website at [www.usps.com](http://www.usps.com).

Postage	3	0.49
Certified Fee	2.180	
Return Receipt Fee (Electronic Receipt)	0.30	
Restricted Delivery Fee (Endorsement Required)	5.54	

Postmark Here

Total Postage: **Marcia Quale**  
**Beecher Manor Nursing & Rehab Center**  
 1201 Dixie Highway  
 Beecher, IL 60401

PS Form 3811, April 2004. See Reverse for Instructions.

7009 0820 0001 7434 2094

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is elected.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**Marcia Quale**  
**Beecher Manor Nursing & Rehab Center**  
**1201 Dixie Highway**  
**Beecher, IL 60401**

**COMPLETE THIS SECTION OR DELIVERY**

A. Signature  
 Marcia Quale  
 Agent

B. Received by (Printed Name)  Addressee  
 Marcia Quale  
 C. Date of Delivery  
 1/25/04

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  G.O.D.  
 Restricted Delivery (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) **7009 0820 0001 7434 2094**

PS Form 3811, February 2004 Domestic Return Receipt

July 22, 2009

Benjamin Friedman  
Belhaven Nursing & Rehab Center  
11401 South Oakley Avenue  
Chicago, IL 60643

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Benjamin Friedman:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

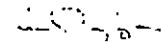
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Package #	144	Postmark Here
Declared Fee	8.80	
Return Receipt Fee (Electronics Return)	8.30	
Restricted Delivery Fee (Insurance Requested)	5.54	
Total Postage		
Benjamin Friedman Belhaven Nursing & Rehab Center 11401 South Oakley Avenue Chicago, IL 60643		

7009 0820 0001 7434 2100

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Benjamin Friedman  
 Belhaven Nursing & Rehab Center  
 11401 South Oakley Avenue  
 Chicago, IL 60643

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Benjamin Friedman*  Agent

B. Received by (Printed Name) *BF*  Addressee  
 C. Date of Delivery *7/25/09*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label) **7009 0820 0001 7434 2100**

PS Form 3811, February 2004 Domestic Return Receipt

July 22, 2009

Laurie Hertz  
Belmont Nursing Home  
1936 West Belmont Avenue  
Chicago, IL 60657

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Laurie Hertz:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

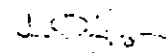
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL, RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.150	
Return Receipt Fee (Endorsement Required)	2.130	
Restricted Delivery Fee (Endorsement Required)	3.154	
<b>Total Postage /</b>		

Sent To: Laurie Hertz  
 Belmont Nursing Home  
 1936 West Belmont Avenue  
 Chicago, IL 60657

7009 0820 0001 7434 2117

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Laurie Hertz</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Laurie Hertz          Belmont Nursing Home          1936 West Belmont Avenue          Chicago, IL 60657</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7009 0820 0001 7434 2117</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102395-02-04-1540</p>

July 22, 2009

David Berkowitz  
Berkshire Nursing & Rehab  
8200 West Roosevelt Road  
Forest Park, IL 60130

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear David Berkowitz:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

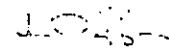
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL... RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

7009 0820 0001 7434 2124

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Postage</b>		

Sent To: **David Berkowitz**  
**Berkshire Nursing & Rehab**  
**8200 West Roosevelt Road**  
**Forest Park, IL 60130**

PS Form 3811, August 1, 2004 See Back for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>X David Berkowitz</i></p> <p>C. Date of Delivery <i>7/25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>David Berkowitz          Berkshire Nursing &amp; Rehab          8200 West Roosevelt Road          Forest Park, IL 60130</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service label)</p> <p>7009 0820 0001 7434 2124</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



July 22, 2009

Julie Boggess  
Bethesda Home & Retirement Center  
2833 North Nordica Avenue  
Chicago, IL 60634

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Julie Boggess:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

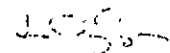
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

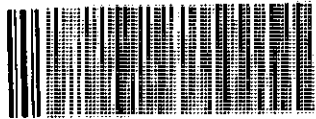
Postage	\$ 1.44	Postmark Here
Certified Fee	2.150	
Return Receipt Fee (Endorsement Required)	2.130	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	\$ 5.54	

Total Postage: Julie Boggess  
Sent To: Bethesda Home & Retirement  
Street, Apt. # or PO Box #: Center  
City, State, ZIP: 2833 North Nordica Avenue  
Chicago, IL 60634

7009 0820 0001 7434 2131

**CERTIFIED MAIL**

Avenue  
60429-0989

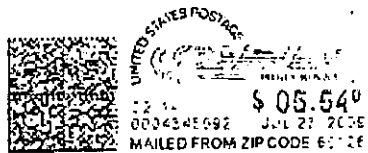


7009 0820 0001 7434 2131

~~Julie Boggess  
Bethesda Home & Retirement  
Center  
2833 North Nordica Avenue  
Chicago, IL 60634~~

UNCLAIMED  
60634  
7-25

ospital



NIXIE 604 SC 1 01 08/19/08

RETURN TO SENDER  
UNCLAIMED  
UNABLE TO FORWARD

EC: 60429090989 \*1476-01598-24-35



July 22, 2009

Abraham Schiffman  
Birchwood Plaza  
1426 West Birchwood  
Chicago, IL 60626

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Abraham Schiffman:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

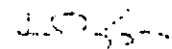
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$	14	Postmark Here
Certified Fee		2.80	
Return Receipt Fee (Endorsement Required)		2.30	
Restricted Delivery Fee (Endorsement Required)			
<b>Total Postage</b>		<b>5.54</b>	

Sent To: Abraham Schiffman  
 Birchwood Plaza  
 1426 West Birchwood  
 Chicago, IL 60626

7009 0820 0001 7434 2148

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature </p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item # _____        If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Abraham Schiffman          Birchwood Plaza          1426 West Birchwood          Chicago, IL 60626</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p style="text-align: center; font-size: 1.2em;">7009 0820 0001 7434 2148</p>
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-00-1540</p>	

July 22, 2009

Zohar Hochenbaum  
Blue Island Nursing Home  
2427 West 127th Street (Burr Oak)  
Blue Island, IL 60406

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Zohar Hochenbaum:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

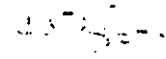
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Package \$	1.44
Certified Fee	2.180
Return Receipt Fee (Electronic or Paper)	0.30
Postage	5.54
<b>Total Postage</b>	<b>9.46</b>

Origin ZIP Code: \_\_\_\_\_

Destination ZIP Code: \_\_\_\_\_

Postage paid by: **Zohar Hochenbaum**  
**Blue Island Nursing Home**  
**2427 West 127th Street**  
**(Burr Oak)**  
**Blue Island, IL 60406**

PS Form 3811, August 2004 See Reverse for Instructions

7009 0820 0001 7434 2355

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**Zohar Hochenbaum**  
**Blue Island Nursing Home**  
**2427 West 127th Street**  
**(Burr Oak)**  
**Blue Island, IL 60406**

2. Article Number  
*(Transfer from service label)*  
**7009 0820 0001 7434 2355**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Recipient

B. Received by (Printed Name) \_\_\_\_\_  
 C. Date of Delivery **7/27/04**

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 112105-02-00-1-040

July 22, 2009

Eli Ray  
Boulevard Care Center  
3405 South Michigan Avenue  
Chicago, IL 60616

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Eli Ray:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Eli Ray**  
**Boulevard Care Center**  
**3405 South Michigan Avenue**  
**Chicago, IL 60616**

2. Article Number (Transfer from service label) **7009 0820 0001 7434 2162**

PS Form 3811, February 2004 Domestic Return Receipt 10232-02-00-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Eli Ray*  Agent  Addressee

B. Received by (Printed Name) *Eli Ray* C. Date of Delivery *1/13/04*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  Yes

4. Restricted Delivery? (Exam Fee)  Yes

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at: www.usps.com

1 0 3 3 7 1 5 5 6

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Enhancement Required)	2.30	
Restricted Delivery Fee (Enhancement Required)	5.54	
<b>Total Postage</b>	<b>10.08</b>	

To: **Eli Ray**  
**Boulevard Care Center**  
**3405 South Michigan Avenue**  
**Chicago, IL 60616**

PS Form 3803, September 2003 See Reverse for Instructions



July 22, 2009

Debra Wood  
Bourbonnais Terrace  
133 Mohawk Drive  
Bourbonnais, IL 60914

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Debra Wood:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

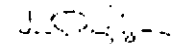
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com).

**CERTIFICATION USE:**

Postage	1.44	Payment Here
Certified Fee	8.80	
Return Receipt Fee (Extra amount charged)	8.30	
Restricted Delivery Fee (Postament Required)	5.54	
<b>Total Postage</b>		

**Sender's Name and Address:**  
 Debra Wood  
 Bourbonnais Terrace  
 133 Mohawk Drive  
 Bourbonnais, IL 60914

**Post Office:**  
 60914-0000

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Debra Wood  
 Bourbonnais Terrace  
 133 Mohawk Drive  
 Bourbonnais, IL 60914

2. Article Number (Transfer from service label)  
 7009 0820 0003 7434 2179

**COMPLETE THIS SECTION: ON DELIVERY**

A. Signature of Addressee  
 [Signature]

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 [Signature]

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Sample Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  G.O.D.  
 Restricted Delivery? (Extra Fee)  Yes

4. Article Number (Transfer from service label)  
 7009 0820 0003 7434 2179

Domestic Return Receipt  
 PS Form 3811, © 2004

July 22, 2009

Penny Varnavas  
Bradley Royale Healthcare Center  
650 North Kinzie  
Bradley, IL 60915

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Penny Varnavas:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

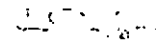
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at www.usps.com

**SPECIAL USE**

Postage	1.44
Certified Fee	2.80
Return Receipt Fee (Requirement Required)	2.30
Restricted Delivery Fee (Requirement Required)	6.54
<b>Total Postage</b>	

Penny Yamavas  
 Bradley Royale Healthcare Center  
 650 North Kinzie  
 Bradley, IL 60915

PS Form 3811 August 2004 See item 3 for instructions

9812 4442 1000 0280 6002

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Penny Yamavas  
 Bradley Royale Healthcare Center  
 650 North Kinzie  
 Bradley, IL 60915

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Print Name)  
 B Kempf

C. Date of Delivery  
 7/28/05

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from article label) 7009 0820 0001 7434 2186

PS Form 3811, February 2004 Domestic Return Receipt 10255-02-00-1940

July 22, 2009

Kristin Mitchell  
Brentwood Sub-Acute Healthcare  
5400 West 87th Street  
Burbank, IL 60459

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Kristin Mitchell:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

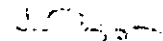
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

17800 South Kudzie Avenue  
Hazel Crest, Illinois 60429-0989

**UNCLAIMED**  
7-25-09

1st NOTICE 7-20-09  
2nd NOTICE 8-9-09  
RETURNED

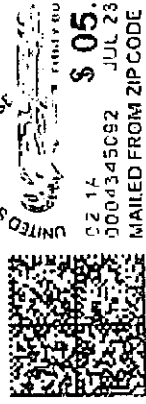
**CERTIFIED MAIL™**



7009 0820 0001 7434 2193

Hospital

Cristin Mitchell  
Brentwood Sub-Acute Healthcare  
5400 West 57th Street  
Burbank, IL 60459



*Patient Accounts*



July 22, 2009

Marie Hilda Derzsy  
Briar Place  
6800 West Joliet  
Indian Head Park, IL 60525

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Marie Hilda Derzsy:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

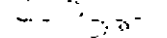
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service** to  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com).

Postage	\$ 1.14	Postage in Advance
Certified Fee	0.80	
Return Receipt Fee (Receipts are required)	0.30	
Restricted Delivery Fee (Receipts are required)	0.54	
<b>Total Postage:</b>		

Send To: **Marie Hilda Derzsy**  
**Briar Place**  
**6800 West Joliet**  
**Indian Head Park, IL 60525**

PS Form 3826, 2004

6002 0280 1000 2442 2022

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
**Marie Hilda Derzsy**  
**Briar Place**  
**6800 West Joliet**  
**Indian Head Park, IL 60525**

2. Article Number  
 (Transfer from service label) **7009 0620 0001 7434 2209**

3. Service Type  
 Certified Mail  
 Registered Mail  
 Insured Mail  
 Restricted Delivery<sup>1</sup> (Extra Fee)  Yes  No  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 Yes  No

4. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
**X Derzsy - Marie Hilda**  
 Agent

B. Received by (Printed Name)  
**Marie Hilda Derzsy**

C. Date of Delivery  
**7/25/09**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

Domestic Return Receipt  
 PS Form 3826, 2004



July 22, 2009

Martha L. Peck  
Bridgeview Health Care Center  
8100 South Harlem Avenue  
Bridgeview, IL 60455

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Martha L. Peck:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

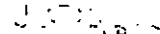
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit our website at www.usps.com

Postage	\$ 1.44
Capital Fee	
Return Receipt Fee (Insurance required)	2.10
Restricted Delivery Fee (Insurance required)	8.30
	5.54

Total Postage: **Martha L. Peck**  
 (Print to) **Bridgeview Health Care Center**  
**8100 South Harlem Avenue**  
**Bridgeview, IL 60455**  
 City, State, ZIP+4®

PS Form 3811, February 2004 See Reverse for Instructions

9122 4E42 1000 0280 6002

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Martha L. Peck  
 Bridgeview Health Care Center  
 8100 South Harlem Avenue  
 Bridgeview, IL 60455

2. Article Number  
 (Transfer from service label) **7009 0620 0001 7434 2216**

PS Form 3811, February 2004 Domestic Return Receipt 102596-04-000-1040

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Martha L. Peck*  Addressee

B. Received by:  Certified Mail  Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

C. Delivery Method  No  Yes

D. Is delivery address different from item 1?  No  Yes  
 If YES, enter delivery address below:

3. Service Type  Express Mail  Return Receipt for Merchandise  
 Registered Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

July 22, 2009

John S. Hurley  
Bridgeway CHR VLG Rehab & SNF  
111 East Washington  
Bensenville, IL 60106

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear John S. Hurley:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

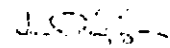
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

7009 0820 0001 7434 2223

U.S. Postal Service...  
**CERTIFIED MAIL... RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
Total Postage		
Sent to John S. Hurley Bridgeway CHR VLG Rehab & SNF 111 East Washington Bensenville, IL 60106		

PS Form 3811, August 2004 See Reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>J.A. SyMBER</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>J.A. SYMBER</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article addressed to:</p> <p>John S. Hurley          Bridgeway CHR VLG Rehab &amp; SNF          111 East Washington          Bensenville, IL 60106</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> O.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7009 0820 0001 7434 2223</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-44-15-00</p>

July 22, 2009

Carole Considine  
Brighton Gardens-Burr Ridge  
6801 Highgrove Boulevard  
Burr Ridge, IL 60527

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Carole Considine:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Carole</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <i>1/11/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Carole Considine          Brighton Gardens-Burr Ridge          6801 Highgrove Boulevard          Burr Ridge, IL 60527</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
<p>2. Article Number          (Transfer from service label) <u>7009 0820 0001 7434 2230</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-00-1345

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ <u>.44</u>	Postmark Here
Certified Fee	<u>2.50</u>	
Return Receipt Fee (Endorsement Required)	<u>2.30</u>	
Restricted Delivery Fee (Endorsement Required)	<u>5.54</u>	
Total Postage & Fees	<u>10.78</u>	

Sent To: Carole Considine  
 Brighton Gardens-Burr Ridge  
 6801 Highgrove Boulevard  
 Burr Ridge, IL 60527

PS Form 3800, 4/03

July 22, 2009

Nesanel Davis  
Brightview Care Center  
4538 North Beacon  
Chicago, IL 60640

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Nesanel Davis:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

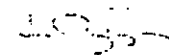
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

July 22, 2009

Julie M. Adduci  
British Home  
8700 West 31st Street  
Brookfield, IL 60513

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Julie M. Adduci:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

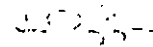
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



**U.S. Postal Service<sup>TM</sup>**  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at: www.usps.com

Postage	\$ 0.44
Certified Fee	2.80
Return Receipt Fee (End Users Not Required)	2.90
Restrict and Delivery Fee (End User Not Required)	5.54
<b>Total Postage</b>	<b>11.68</b>

PS Form 3811, February 2004

Article Addressed to:  
 Julie M. Adduci  
 British Home  
 8700 West 31st Street  
 Brookfield, IL 60513

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Julie M. Adduci  
 British Home  
 8700 West 31st Street  
 Brookfield, IL 60513

2. Article Number  
 (Transfer from service label) **7009 0620 0001 7434 2254**

PS Form 3811, February 2004

---

**COMPLETE THIS SECTION ON DELIVERY**

3. Service Type  
 Certified Mail  
 Registered Mail  
 Insured Mail  
 Restricted Delivery<sup>SM</sup> (Extra Fee)  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery<sup>SM</sup> (Extra Fee)  
 Yes  
 No

5. Received by (Printer Name) **Julie M. Adduci**  
 C. Date of Delivery **7/25/09**

6. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

July 22, 2009

Tony Prather  
Bronzeville Park Skilled Nursing & Living Center  
3400 South Indiana Avenue  
Chicago, IL 60616

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Tony Prather:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicant's first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

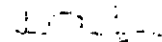
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
<b>Total Postage</b>	<b>12.08</b>

Postmark  
None

Total Postage: **Tony Pralher**  
**Bronzeville Park Skilled Nursing &**  
**Living Center**  
**3400 South Indiana Avenue**  
**Chicago, IL 60616**

Sort # \_\_\_\_\_  
 ZIP+4® No. \_\_\_\_\_  
 or PO Box No. \_\_\_\_\_  
 City, State, ZIP+4® \_\_\_\_\_  
 Chicago, IL 60616

PS Form 3811, August 2004

7009 0820 0001 7434 2261

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**Tony Pralher**  
**Bronzeville Park Skilled Nursing &**  
**Living Center**  
**3400 South Indiana Avenue**  
**Chicago, IL 60616**

**COMPLETE THIS SECTION: ON DELIVERY**

A. Signature  
 Signature *Tony Pralher*  Agent  Addressee

B. Received by (Printed Name)  
**Tony Pralher**  Agent  Addressee

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery (Extra Fee)  Yes  No

4. Restricted Delivery? (Extra Fee)  
**7009 0820 0001 7434 2261**  Yes  No

2. Article Number  
 (Transfer from service label) **7009 0820 0001 7434 2261**

PS Form 3811, February 2004 Domestic Return Receipt

July 22, 2009

Michael E. Toral  
Bryn Mawr Care  
5547 North Kenmore  
Chicago, IL 60640

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Michael E. Toral:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

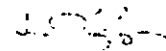
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

July 22, 2009

Sheldon Stern  
Buckingham Pavilion  
2625 West Touhy Avenue  
Chicago, IL 60645

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Sheldon Stern:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

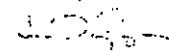
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service ...  
CERTIFIED MAIL... RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
<b>Total Postage</b>	

Postmark  
Here

Sent To: Sheldon Stem  
Buckingham Pavilion  
2625 West Touhy Avenue  
Chicago, IL 60645

U.S. Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Sheldon Stem Buckingham Pavilion 2625 West Touhy Avenue Chicago, IL 60645</p>	<p>A. Signature <input type="checkbox"/> Agent <i>[Signature]</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery DIGNOCUKOS 7/12/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0620 0001 7434 2285</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102905-02-41-1640</p>	

July 22, 2009

John Vrba  
Burgess Square  
5801 South Cass Avenue  
Westmont, IL 60559

Re: Proposed Discontinuation: Long Term Care Category of Service

Dear John Vrba:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

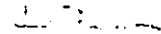
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7009 0820 0001 7434 2292

Postage	\$ 0.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Postage &amp;</b>		

SENT to John Vrba  
Burgess Square  
5801 South Cass Avenue  
Westmont, IL 60559

PS Form 3800, August 2000 USP Revenue for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

John Vrba  
 Burgess Square  
 5801 South Cass Avenue  
 Westmont, IL 60559

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature [Signature]  Agent  Addressee
- X [Signature]  Addressee
- B. Received by (Printed Name) John Vrba C. Date of Delivery 7/27
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type
- Certified Mail  Express Mail
- Registered  Return Receipt for Merchandise
- Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7009 0820 0001 7434 2292  
*(Transfer from service label)*

PS Form 3811, February 2004 Domestic Return Receipt 10285-02-00-1540



July 22, 2009

Fred Berkovits  
Burnham Healthcare  
14500 South Manistee  
Burnham, IL 60633

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Fred Berkovits:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

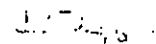
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service <sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee <small>(Endorsement Required)</small>	2.30
Restricted Delivery Fee <small>(Endorsement Required)</small>	\$1.51
Total Postage & Fees	

Postmark Here

Sent To: Fred Berkovits  
 Burnham Healthcare  
 14500 South Manistee  
 Burnham, IL 60633

PS Form 3850 August 2003 See Reverse for Instructions

7009 0820 0001 7434 2308

SENDER: COMPLETE THIS SECTION:	COMPLETE THIS SECTION ON DELIVERY:
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Fred Berkovits          Burnham Healthcare          14500 South Manistee          Burnham, IL 60633</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Fred Berkovits</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <u>7009 0820 0001 7434 2308</u></p>	

PS Form 3811, February 2004 Domestic Return Receipt 10E186 02-M-1840

July 22, 2009

Rick Walworth  
California Gardens Nursing & Rehab  
2829 South California Blvd  
Chicago, IL 60608

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Rick Walworth:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

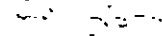
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service<sup>SM</sup>**  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at www.usps.com

Postage	\$ 1.44	Postmark	None
Certified Fee	2.80		
Return Receipt Fee (Requirement (Required))	0.30		
Restricted Delivery Fee (Requirement (Required))	15.54		
<b>Total Postage</b>			

Send to:  
 Rick Watworth  
 California Gardens Nursing &  
 Rehab  
 2829 South California Blvd  
 Chicago, IL 60608

PS Form 3811 August 2004

7209 0001 4942 2122

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Rick Watworth  
 California Gardens Nursing &  
 Rehab  
 2829 South California Blvd  
 Chicago, IL 60608

2. Article Number  
 (Transfer from services label) 7009 0820 0001 7434 2315

PS Form 3811, February 2004 Domestic Return Receipt 10275-02-000-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent   
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

July 22, 2009

Margaret O'Brien  
Cambridge Nursing & Rehab  
9615 North Knox Avenue  
Skokie, IL 60076

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Margaret O'Brien:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute nonnal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

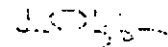
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

7009 0820 0001 7434 2322

<b>U.S. Postal Service</b>	
<b>CERTIFIED MAIL RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage	5.44
Sent To	Margaret O'Brien
	Cambridge Nursing & Rehab
	9615 North Knox Avenue
	Skokie, IL 60076
PS Form 3811	

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Margaret O'Brien Cambridge Nursing &amp; Rehab 9615 North Knox Avenue Skokie, IL 60076</p> <p>2. Article Number <i>(Transfer from service label)</i></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <input checked="" type="checkbox"/> <i>Natalia Rovinsky</i> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery          7-25</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 2322</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102505-02-00-1540</p>	

July 22, 2009

Rose Mariet Betz  
Carlton at the Lake  
725 West Montrose Avenue  
Chicago, IL 60613

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Rose Mariet Betz:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

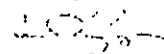
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>5.54</b>	

7009 0820 0001 7434 2339

**To:** Rose Mariet Betz  
 Carlton at the Lake  
 725 West Montrose Avenue  
 Chicago, IL 60613

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Rose Mariet Betz          Carlton at the Lake          725 West Montrose Avenue          Chicago, IL 60613</p>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent</span></p> <p><i>[Signature]</i> <span style="float: right;"><input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>[Signature]</i> <span style="float: right;">12/27</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
	<p>2. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> O.O.D.</p>
	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <span style="float: right;">7009 0820 0001 7434 2339</span>          (Transfer from service label)</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102285-02-04-1540



July 22, 2009

Charles G. Newton  
Central Baptist Village  
4747 North Canfield Avenue  
Norridge, IL 60706

Re: Proposed Discontinuation: Long Term Care Category of Service

Dear Charles G. Newton:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ 1.47	
Certified Fee	2.180	Postmark Here
Return Receipt Fee (Endorsement Required)	2.130	
Restricted Delivery Fee (Endorsement Required)	5.154	
Total Postage		

Sent to: **Charles G. Newton**  
**Central Baptist Village**  
 Street, Apt. No. or PO Box No. **4747 North Canfield Avenue**  
 City, State, ZIP **Norridge, IL 60706**

PS Form 3811, February 2004

7009 0820 0001 7434 2346

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Charles G. Newton</b>  <b>Central Baptist Village</b>  <b>4747 North Canfield Avenue</b>  <b>Norridge, IL 60706</b></p> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>A. Signature  <i>Charles G. Newton</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <i>(Printed Name)</i>  <i>Charles G. Newton</i> C. Date of Delivery  <b>7/25</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 2346</p> <p>PS Form 3811, February 2004 Domestic Return Receipt 102523-02-04-1540</p>	

July 22, 2009

Marvin Mermelstein  
Central Nursing Home  
2450 North Central Avenue  
Chicago, IL 60639

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Marvin Mermelstein:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

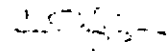
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	1.74
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage	5.34

Pay to: Marvin Mermelstein  
 Central Nursing Home  
 2450 North Central Avenue  
 Chicago, IL 60639

Postmark Here

7009 0820 0002 7434 2353

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Marvin Mermelstein  
 Central Nursing Home  
 2450 North Central Avenue  
 Chicago, IL 60639

2. Signature: *[Signature]*  Agent  Addressee  
 X  Addresser

3. Received by (Printed Name): WY GIBSON 7-25  C. Date of Delivery  
 Yes  No

4. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

5. Service Type:  Certified Mail  Express Mail  Registered Mail  Return Receipt for Merchandise  Insured Mail  C.O.D.  Yes  No

6. Restricted Delivery? (Extra Fee)  Yes  No

7009 0820 0001 7434 2353

10259-02-00-1540

July 22, 2009

Jeffrey Ingraffia  
Central Plaza Residential Home  
321-27 North Central  
Chicago, IL 60644

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Jeffrey Ingraffia:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

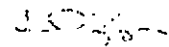
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

July 22, 2009

Sherri Mitchell  
Chalcom Nursing & Rehab Center  
7050 Madison Street  
Willowbrook, IL 60527

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Sherri Mitchell:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

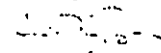
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	1.44	Postmark	
Calculated Fee	2.80	Receipt Fee	
Return Receipt Fee (Exceptional Required)	2.30	Restricted Delivery Fee (Exceptional Required)	5.54
<b>Total Postage</b>			

PS Form 3800, August 2007

**Sender:** Sherri Mitchell  
 Chateau Nursing & Rehab Center  
 7050 Madison Street  
 Willowbrook, IL 60527

7009 0800 0001 7434 2377

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Sherri Mitchell  
 Chateau Nursing & Rehab Center  
 7050 Madison Street  
 Willowbrook, IL 60527

2. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Sherri Mitchell*  Agent  Addressee

B. Received by (Printed Name): \_\_\_\_\_ C. Date of Delivery: *7-27-09*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  Return Receipt for Merchandise  
 Registered  C.O.D.  
 Insured Mail  Yes  No

4. Restricted Delivery? (Extra Fee)  Yes  No

7009 0800 0001 7434 2377

July 22, 2009

Doreen A. Hickman  
Chicago Ridge Nursing Center  
10602 Southwest Highway  
Chicago Ridge, IL 60415

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Doreen A. Hickman:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

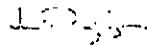
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

7009 080 000 228 7434 2384

7009 080 000 228 7434 2384

POSTAGE \$ 1.44  
 Certified Fee 2.50  
 Return Receipt Fee (For government receipt only) 2.00  
 Restricted Delivery Fee (Endorsement Fee/Postage) 5.54

Total Postage 11.48

Permit No. 5754

Doreen A. Hickman  
 Chicago Ridge Nursing Center  
 10602 Southwest Highway  
 Chicago Ridge, IL 60415

PS Form 3800, August 2004

**SENDER, COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Doreen A. Hickman  
 Chicago Ridge Nursing Center  
 10602 Southwest Highway  
 Chicago Ridge, IL 60415

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 X *Doreen A. Hickman*  Addressee

B. Received by (Printed Name) *CHICAGO* C. Date of Delivery *7-27-04*

If delivery address different from item 1  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Restricted Delivery (Date Fee)  Yes  No

4. Restricted Delivery (Date Fee)  Yes  No

Article Number 7009 0820 0001 7434 2384  
 (Transfer from service label)  
 Domestic Return Receipt 10595-02-01-1540

July 22, 2009

Mark Schlichting  
Clark Manor Convalescent Center  
7433 North Clark Street  
Chicago, IL 60626

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Mark Schlichting:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

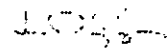
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service ...  
CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.154
<b>Total Postage</b>	<b>9.704</b>

Postmark  
Here

Send To: **Mark Schlichting**  
**Clark Manor Convalescent Center**  
**7433 North Clark Street**  
**Chicago, IL 60626**

PS Form 3811, August 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Mark Schlichting</b>  <b>Clark Manor Convalescent Center</b>  <b>7433 North Clark Street</b>  <b>Chicago, IL 60626</b></p> <p>2. Article Number  <i>(Transfer from service label)</i>      <b>7009 0820 0001 7434 2391</b></p>	<p>A. Signature  X <i>Miriam Kehm</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <b>MIRIAM KEHM</b></p> <p>C. Date of Delivery  <b>07-28-09</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004      Domestic Return Receipt      102501-02-01-1540

July 22, 2009

Randy Walker  
Clayton Residential Home  
2026 North Clark Street  
Chicago, IL 60614

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Randy Walker:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

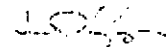
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

7007 0290 1000 7000 2042 HEN2

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.44	Payments Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Postage</b>		

Sent To: **Randy Walker**  
**Clayton Residential Home**  
 Street Address: **2026 North Clark Street**  
 City, State: **Chicago, IL 60614**

PS Form 3811, February 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Randy Walker</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery  <b>7/30/04</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>Randy Walker</b>  <b>Clayton Residential Home</b>  <b>2026 North Clark Street</b>  <b>Chicago, IL 60614</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p>	<p><b>7009 0820 0001 7434 2407</b></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102535-02-04-1540</p>	

July 22, 2009

Patrick O'Brien  
Columbus Manor Residential  
5107-21 West Jackson Blvd  
Chicago, IL 60644

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Patrick O'Brien:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

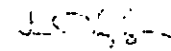
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only. No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

7009 0820 0001 7434 2414

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.150	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

Sent To: Patrick O'Brien  
 Columbus Manor Residential  
 5107-21 West Jackson Blvd  
 Chicago, IL 60644

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <i>E. Rodriguez</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>7-28-09</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Patrick O'Brien          Columbus Manor Residential          5107-21 West Jackson Blvd          Chicago, IL 60644</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7009 0820 0001 7434 2414</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

July 22, 2009

Martin Lee  
Columbus Park Nursing & Rehab Center  
901 South Austin  
Chicago, IL 60644

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Martin Lee:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

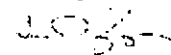
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



July 22, 2009

Denise Martin  
Community Care - Chicago  
4314 South Wabash Avenue  
Chicago, IL 60653

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Denise Martin:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>SM</sup>  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Package #	144	Postmark Here
Cardinal Fee	2.50	
Return Receipt Fee (Enhancement is Required)	2.90	
Restricted Delivery Fee (Enhancement is Required)	5.54	
<b>Total Postage</b>		

Send to: Denise Martin  
 Community Care - Chicago  
 4314 South Wabash Avenue  
 Chicago, IL 60653

PS Form 3800 August 2005 See Reverse for Postmaster's

7009 0820 0000 7434 2436

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Denise Martin  
 Community Care - Chicago  
 4314 South Wabash Avenue  
 Chicago, IL 60653

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Denise Martin*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

2. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  G.O.D.  
 Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label) 7009 0820 0000 7434 2436

104528-02-01-1500

July 22, 2009

Steve Jeremias  
Community Nursing & Rehab Center  
1136 North Mill Street  
Naperville, IL 60563

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Steve Jeremias:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

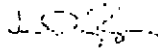
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	0.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Postage</b>	<b>Steve Jeremias</b>	
<b>Sent To</b>	<b>Community Nursing &amp; Rehab Center</b>	
<b>Street, Apt. No., or PO Box No.</b>	<b>1136 North Mill Street</b>	
<b>City, State, ZIP</b>	<b>Naperville, IL 60563</b>	

5482 4842 7000 0290 6000

SENDER, COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>R. Beaumont</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>R. BEAUMONT</i>      <i>7/27/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Steve Jeremias  Community Nursing &amp; Rehab  Center  1136 North Mill Street  Naperville, IL 60563</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 2445</p>	
<p>PS Form 3811, February 2004      Domestic Return Receipt      102385-02-00-1540</p>	

July 22, 2009

Rafi Zimmerman  
Concord Extended Care  
9401 South Ridgeland Avenue  
Oak Lawn, IL 60453

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Rafi Zimmerman:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

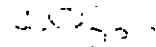
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**SPECIAL USE**

Postage	\$	1.44
Certified Fee		2.50
Return Receipt Fee <small>(Endorsement Required)</small>		2.30
Restricted Delivery Fee <small>(Endorsement Required)</small>		5.54
<b>Total Postage</b>		<b>11.78</b>

Postmark  
Here

Send To: Rafi Zimmerman  
 Concord Extended Care  
 9401 South Ridgeland Avenue  
 Oak Lawn, IL 60453

PS Form 3800

7009 0820 0001 7434 4807

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Rafi Zimmerman            Concord Extended Care            9401 South Ridgeland Avenue            Oak Lawn, IL 60453</p>	<p>A. Signature  <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Receptionist</i></p> <p>C. Date of Delivery  <i>7/23/07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  <small>(Transfer from service label)</small> <u>7009 0820 0001 7434 4807</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

July 22, 2009

Rudi Sternschein  
Continental Care Center  
5336 North Western Avenue  
Chicago, IL 60625

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Rudi Sternschein:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service...  
**CERTIFIED MAIL... RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

7009 0820 0001 7434 4814

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage + Fees</b>	<b>6.54</b>	

Sent To: Rudi Sternschein  
 Continental Care Center  
 5336 North Western Avenue  
 Chicago, IL 60625

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Rudi Sternschein            Continental Care Center            5336 North Western Avenue            Chicago, IL 60625</p> <p>2. Article Number            (Transfer from service label)</p> <p style="text-align: right;">7009 0820 0001 7434 4814</p>	<p>A. Signature            x <i>Mary Summers</i></p> <p>B. Received by (Printed Name) _____ C. Date of Delivery            1/25</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						

PS Form 3811, February 2004

Domestic Return Receipt

102605-02-M-1540



July 22, 2009

Callie Graham  
Countryside Healthcare Center  
1635 East 154th Street  
Dolton, IL 60419

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Callie Graham:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

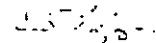
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only: No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7209 0820 0002 7434 4822

Package	144	Postmark Here
Declared Fee	2.80	
Return Receipt Fee (Required Return Receipt)	2.30	
Restricted Delivery Fee (Additional Postage)	5.54	
<b>Total Postage</b>		

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
 Callie Graham  
 Countryside Healthcare Center  
 1635 East 154th Street  
 Dolton, IL 60419

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: Shantell Brown  Agent  Addressee

B. Received by (Printed Name): SHANTELL BROWN  Date of Delivery: 12-7-09

C. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  Restricted Delivery (Extra Fee)  Yes  No

4. Article Number (Transfer from service label): 7009 0820 0001 7434 4822

PS Form 3811, February 2004 Domestic Return Receipt (02/04-02-M-150)

July 22, 2009

Judy Dumont  
Crestwood Care Centre  
14255 South Cicero Avenue  
Crestwood, IL 60445

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Judy Dumont:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

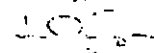
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>SM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	1.44
Certified Fee	2.80
Return Receipt Fee (Required for Registered Mail)	2.30
Restricted Delivery Fee (Required for Restricted Delivery)	5.54
<b>Total Postage</b>	

Permit Here

3976 Judy Dumont  
 Crestwood Care Centre  
 14255 South Cicero Avenue  
 Crestwood, IL 60445

PS Form 3811, February 2004

2009 0820 0001 7434 4838

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Judy Dumont  
 Crestwood Care Centre  
 14255 South Cicero Avenue  
 Crestwood, IL 60445

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *J. Dumont*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number 7009 0820 0001 7434 4838  
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt

July 22, 2009

Mildred Prero  
Crestwood Terrace Operators, LLC  
13301 South Central Avenue  
Crestwood, IL 60445

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Mildred Prero:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

7009 0820 0001 7434 4845

**U.S. Postal Service<sup>®</sup>**  
**CERTIFIED MAIL<sup>™</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**POSTAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>5.54</b>	

Sent To: Mildred Prero  
 Crestwood Terrace Operators, LLC  
 13301 South Central Avenue  
 Crestwood, IL 60445

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mildred Prero  
 Crestwood Terrace Operators, LLC  
 13301 South Central Avenue  
 Crestwood, IL 60445

2. Article Number  
 (Transfer from service label) 7009 0820 0001 7434 4845

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 *Mildred Prero*  Agent  Addressee

B. Received by (Printed Name) *Martin Mares*  Addressee

C. Date of Delivery *7-25-09*

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

10205-02-M-1540

July 22, 2009

Norme Torres  
CTR Home for Hispanic Elderly  
1401 North California  
Chicago, IL 60622

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Norme Torres:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

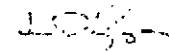
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.50	
Return Receipt Fee (Endorsement Required)	2.50	
Restricted Delivery Fee (Endorsement Required)		
Total Postage		5.54

Sent to: **Norme Torres**  
 CTR Home for Hispanic Elderly  
 1401 North California  
 Chicago, IL 60622

PS Form 3811

7009 0820 0001 7434 4852

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature          X <u>Norme Torres</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Norme Torres</u> C. Date of Delivery <u>1/31</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Norme Torres          CTR Home for Hispanic Elderly          1401 North California          Chicago, IL 60622</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p> <p style="text-align: right; margin-right: 20px;">7009 0820 0001 7434 4852</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



July 22, 2009

July June  
Deerbrook Care Centre  
306 North Larkin Avenue  
Joliet, IL 60435

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear July June:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

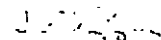
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Postage</b>	<b>11.98</b>	

Sent To: July June  
 Street, Apt. or PO Box #: Deerbrook Care Centre  
 306 North Larkin Avenue  
 City, State, & Zip: Joliet, IL 60435

7009 0820 0001 7434 4869

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature          X <i>E. N. [Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery          Jul 20 2009</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>July June          Deerbrook Care Centre          306 North Larkin Avenue          Joliet, IL 60435</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7009 0820 0001 7434 4869</p>
PS Form 3811, February 2004	Domestic Return Receipt 102925-02-04-1640

July 22, 2009

Jerrilynn Williams, R.N.  
Dolton Healthcare Centre  
14325 South Blackstone  
Dolton, IL 60419

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Jerrilynn Williams, R.N.:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

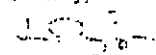
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; for Insurance Coverage, Priority Mail®)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Package #	144
Postage	2.80
Postage Insurance Fee (Endorsement Required)	2.30
Postage Insurance Fee (Endorsement Required)	5.54

Postmark Name

Send To: **Jerrilyn Williams, R.N.  
 Dolton Healthcare Centre  
 14325 South Blackstone  
 City, State, Zip: Dolton, IL 60419**

PS Form 3800

7009 0820 0001 7434 4876

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:

**Jerrilyn Williams, R.N.  
 Dolton Healthcare Centre  
 14325 South Blackstone  
 Dolton, IL 60419**

2. Article Number  
 (Transfer from service label) **7009 0820 0001 7434 4876**

DC Form 3811, E-Release 1/00

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent   
 Addressee

B. Received By (Printed Name)  Party of Delivery

C. If delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Restricted Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

July 22, 2009

Connie Sherman  
Elm Brook Healthcare & Rehab Center  
127 West Diversey Avenue  
Elmhurst, IL 60126

Re: Proposed Discontinuation, Long Term Care Category of Service

Dear Connie Sherman:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

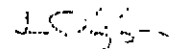
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

Sent To: **Connie Sherman**  
 Elm Brook Healthcare & Rehab Center  
 127 West Diversey Avenue  
 Elmhurst, IL 60126

PS Form 3811, February 2004

7009 0620 0001 7434 4883

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p><i>Peggy Sedore</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery <u>7/27/09</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><b>Connie Sherman</b>  <b>Elm Brook Healthcare &amp; Rehab Center</b>  <b>127 West Diversey Avenue</b>  <b>Elmhurst, IL 60126</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7009 0620 0001 7434 4883</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

July 22, 2009

John Massard  
Elmhurst Extended Care Center  
200 East Lake Street  
Elmhurst, IL 60126

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear John Massard:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.150	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.154	
Total Postage		

7009 0820 0001 7434 4690

Sent To: John Massard  
 Elmhurst Extended Care Center  
 200 East Lake Street  
 City, State: Elmhurst, IL 60126

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>x K. Moorfield</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery            7-27-04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>John Massard            Elmhurst Extended Care Center            200 East Lake Street            Elmhurst, IL 60126</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number            (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 4690</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102985-02-04-1840</p>	



July 22, 2009

Kenneth Bowman  
Elmhurst Memorial Hospital  
200 Bertau Avenue  
Elmhurst, IL 60126

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Kenneth Bowman:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by: <i>Paul Kraper</i></p> <p>C. Date of Delivery: <i>JUL 23 2008</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Kenneth Bowman Elmhurst Memorial Hospital 200 Berneau Avenue Elmhurst, IL 60126</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7009 0820 0001 7434 4906</p>

PS Form 3811, February 2004 Domestic Return Receipt 102505-02-04-1540

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>5.54</b>

Postmark Here

Sent To: Kenneth Bowman  
Elmhurst Memorial Hospital  
200 Berneau Avenue  
Elmhurst, IL 60126

**CERTIFIED MAIL™**

edric Avenue  
nois 60429-0989



7009 0820 0001 7434 4906

Hospital



Kenneth Bowman  
Elmhurst Memorial Hospital

RETURN TO SENDER

July 22, 2009

Lori Barrish  
Elmwood Care  
7733 Grand Avenue  
Elmwood Park, IL 60707

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Lori Barrish:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

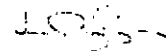
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

7009 0820 0001 7434 4913

**OFFICIAL USE**

Postage	\$	.44
Certified Fee		2.80
Return Receipt Fee (Endorsement Required)		2.30
Restricted Delivery Fee (Endorsement Required)		.54
Total Postage		

Postmark  
Here

Send To: **Lori Barrish**  
 Elmwood Care  
 7733 Grand Avenue  
 Elmwood Park, IL 60707

**CERTIFIED MAIL**

Avenue  
 60429-0989



7009 0820 0001 7434 4913

Hospital



#17

Lori Barrish  
 Elmwood Care  
 7733 Grand Avenue  
 Elmwood Park, IL 60707

J  
2

NIXIE 606 SE 1 22 08/01/09

RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
 UNABLE TO FORWARD

6070731820 C019  
 -6042900989

BC: 6042900989 \*1478-01632-24-98

July 22, 2009

Steven Schayer  
Elston Nursing & Rehab Center  
4340 North Keystone  
Chicago, IL 60641

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Steven Schayer:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:


Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ 2.44	Postmark here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

Sent To: Steven Schayer  
 Street, Apt. or PO Box: Elston Nursing & Rehab Center  
 City, State: Chicago, IL 60641

7009 0620 0001 7434 4920

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Key Bailey</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>KEY BAILEY</i></p> <p>C. Date of Delivery  <i>7/25/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No      If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Steven Schayer          Elston Nursing &amp; Rehab Center          4340 North Keystone          Chicago, IL 60641</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0620 0001 7434 4920</p>	

July 22, 2009

Carolyn Sue Bessette  
Embassy Care Center Inc  
555 W. Kahler Road  
Wilmington, IL 60481

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Carolyn Sue Bessette:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee  X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>7/27/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article addressed to:</p> <p><b>Carolyn Sue Bessette  Embassy Care Center Inc  555 W. Kahler Road  Wilmington, IL 60481</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>7009 0820 0001 7434 4937</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$ 5.54

Sent To: **Carolyn Sue Bessette  
Embassy Care Center Inc  
555 W. Kahler Road  
Wilmington, IL 60481**

PS Form 3802



July 22, 2009

Joanne Graf  
Evergreen Health Care Center  
10124 South Kedzie Avenue  
Evergreen Park, IL 60805

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Joanne Graf:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

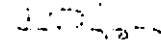
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 0820 0001 7434 4944

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>5.54</b>

Postmark  
Here

Sent to **Joanne Graf**  
**Evergreen Health Care Center**  
**10124 South Kedzie Avenue**  
**Evergreen Park, IL 60805**

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>J. Graf</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>7/25/07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><b>Joanne Graf</b>  <b>Evergreen Health Care Center</b>  <b>10124 South Kedzie Avenue</b>  <b>Evergreen Park, IL 60805</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <b>7009 0820 0001 7434 4944</b>  <i>(transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

July 22, 2009

Heather Bassett  
Exceptional Health Care  
5701 West 79th Street  
Burbank, IL 60459

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Heather Bassett:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

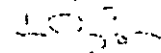
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

7009 0820 0001 7434 4951

Sent To: Heather Bassett  
 Street, Apt. N  
 or PO Box No. 5701 West 79th Street  
 City, State, ZIP+4® Burbank, IL 60459

PS Form 380

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <p> <input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.         </p> <p>1. Article Addressed to:</p> <p>Heather Bassett          Exceptional Health Care          5701 West 79th Street          Burbank, IL 60459</p> <p>2. Article Number  <i>(Transfer from service label)</i> 7009 0820 0001 7434 4951</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)          ERICA KNIGHT</p> <p>C. Date of Delivery          7/25/07</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	--

PS Form 3811, February 2004 Domestic Return Receipt 102505-024-1540

July 22, 2009

Bill Pfeiffer  
Fairmont Care Centre  
5061 North Pulaski Road  
Chicago, IL 60630

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Bill Pfeiffer:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL... RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee <small>(Endorsement Required)</small>	2.30
Restricted Delivery Fee <small>(Endorsement Required)</small>	0.00
<b>Total Postage</b>	<b>3.54</b>

Postmark  
Here

Send To: **Bill Pfeiffer**  
**Fairmont Care Centre**  
**5061 North Pulaski Road**  
**Chicago, IL 60630**

PS Form 3811, February 2004

7009 0820 0001 7434 4968

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  X <i>Razvan</i></p> <p>B. Received by (Printed Name)  <i>Razvan</i></p> <p>C. Date of Delivery  <i>2/25/04</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><b>Bill Pfeiffer</b>  <b>Fairmont Care Centre</b>  <b>5061 North Pulaski Road</b>  <b>Chicago, IL 60630</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p> <p style="text-align: right;">7009 0820 0001 7434 4968</p>	

July 22, 2009

Gerriane Dathe  
Fairview Baptist Home  
250 Village Drive  
Downers Grove, IL 60516

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Gerriane Dathe:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:


Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>	<b>5.54</b>	

7009 0820 0001 7434 4975

Send to: **Gerianne Dathe**  
**Fairview Baptist Home**  
 Street, Apt. or PO Box: **250 Village Drive**  
 City, State: **Downers Grove, IL 60516**

PS Form 3811, August 2003

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Gerianne Dathe</i></p> <p>B. Received by (Printed Name) <i>None</i></p> <p>C. Date of Delivery <i>7/23/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><b>Gerianne Dathe</b>  <b>Fairview Baptist Home</b>  <b>250 Village Drive</b>  <b>Downers Grove, IL 60516</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number        (Transfer from service label)</p> <p><b>7009 0820 0001 7434 4975</b></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102995-07-M-1540



July 22, 2009

Jerry Mertes  
Fairview Care Center of Joliet  
222 North Hammes  
Joliet, IL 60436

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Jerry Mertes:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

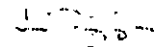
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

7009 0820 0001 7434 4982

POSTAL USE

Postage	\$ 44	Postmark Here
Certified Fee	8.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
Total Post:		

Sent To: Jerry Mertes  
 Fairview Care Center of Joliet  
 222 North Hammes  
 Joliet, IL 60436

PS Form 3811, February 2004

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Jerry Mertes          Fairview Care Center of Joliet          222 North Hammes          Joliet, IL 60436</p> <p>2. Article Number          (Transfer from service label)</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery          7-25-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	---

7009 0820 0001 7434 4982

PS Form 3811, February 2004 Domestic Return Receipt 102515-02-01-1640

July 22, 2009

Lisa Ulbert  
Fairview Care Center of La Grange  
701 North LaGrange Road  
LaGrange Park, IL 60525

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Lisa Ulbert:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

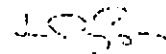
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

Sent To: Lisa Ulbert  
 Fairview Care Center of La Grange  
 701 North LaGrange Road  
 LaGrange Park, IL 60525

7009 0820 0001 7434 4999

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery 7/25/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Lisa Ulbert          Fairview Care Center of La Grange          701 North LaGrange Road          LaGrange Park, IL 60525</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label) 7009 0820 0001 7434 4999</p>	<p>4. Restricted Delivery (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-44-1540

July 22, 2009

Mark Murphy  
Forest Villa Nursing & Rehab Center  
6840 West Touhy Avenue  
Niles, IL 60714

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Mark Murphy:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

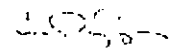
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage Provided)*  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

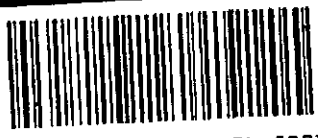
Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>5.54</b>	

7009 0820 0001 7434 5002

Send To: Mark Murphy  
 Forest Villa Nursing & Rehab  
 Center  
 6840 West Touhy Avenue  
 Niles, IL 60714

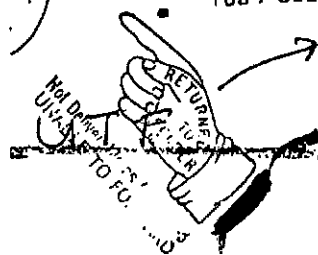
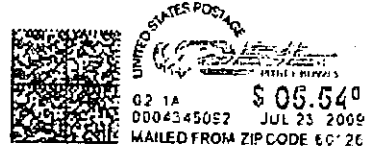
**CERTIFIED MAIL™**

6840 West Touhy Avenue  
 Niles, IL 60714



7009 0820 0001 7434 5002

Hospital



Mark Murphy  
 Forest Villa Nursing & Rehab  
 Center  
 6840 West Touhy Avenue

July 22, 2009

Steve Drobot  
Franciscan Village  
1260 Franciscan Drive  
Lemont, IL 60439

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Steve Drobot:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

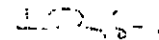
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17500 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage</b>	<b>5.54</b>	

Sent to: Steve Drobot  
Franciscan Village  
1260 Franciscan Drive  
Lemont, IL 60439

PS Form 3800, August 2004 See reverse for instructions

7009 0820 0001 7434 2469

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Steve Drobot  Franciscan Village  1260 Franciscan Drive  Lemont, IL 60439</p> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>x Rachel Roques</i></p> <p>B. Received by (Printed Name)  <i>Rachel Roques</i></p> <p>C. Date of Delivery  <i>1/25</i></p> <p>D. Is delivery address different from Rem 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 2469</p>	
<p>PS Form 3811, February 2004    Domestic Return Receipt    102505-02-01-1540</p>	



July 22, 2009

Judith Majchrowicz  
Frankfort Terrace  
40 South Smith Street  
Frankfort, IL 60423

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Judith Majchrowicz:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

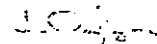
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$	.44	Postmark Here
Certified Fee		2.80	
Return Receipt Fee (Endorsement Required)		2.30	
Restricted Delivery Fee (Endorsement Required)			
Total Post		5.54	

Send To: Judith Majchrowicz  
 Frankfort Terrace  
 Street, Apt. or PO Box A: 40 South Smith Street  
 City, State: Frankfort, IL 60423

PS Form 3800, August 2004      See Reverse for Instructions

7009 0820 0001 7434 2476

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Judith Majchrowicz        Frankfort Terrace        40 South Smith Street        Frankfort, IL 60423</p> <p>2. Article Number        (transfer from service label) <u>7009 0820 0001 7434 2476</u></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <i>Bebbie Prudley</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Bebbie Prudley</u>      C. Date of Delivery <u>01/15/05</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered Mail      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
--	---

July 22, 2009

Sue Bohne  
Glen Bridge Nursing Center  
8333 West Golf Road  
Niles, IL 60714

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Sue Bohne:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

7009 0820 0001 7434 2483

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Posts	5.54	

Sent To: Sue Bohne  
 Glen Bridge Nursing Center  
 8333 West Golf Road  
 Niles, IL 60714

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>7/27</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                      If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Sue Bohne                      Glen Bridge Nursing Center                      8333 West Golf Road                      Niles, IL 60714</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number                      (Transfer from s. 7009 0820 0001 7434 2483)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-01-1540

July 22, 2009

Chaim Dubovick  
Glencrest Healthcare  
2451 West Touhy Avenue  
Chicago, IL 60645

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Chaim Dubovick:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

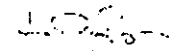
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

July 22, 2009

Dave Zaruba  
Glenshire Nursing & Rehab Centre  
22660 South Cicero Avenue  
Richton Park, IL 60471

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Dave Zaruba:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

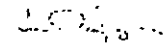
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark None
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	5.54	
<b>Total Post</b>	<b>5.54</b>	

Sent To: **Dave Zaruba**  
**Glenshire Nursing & Rehab Centre**  
 Street, Apt. or PO Box: **22660 South Cicero Avenue**  
 City, State: **Richton Park, IL 60471**

PS Form 3811, August 2003

7009 0820 0001 7434 2506

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Dave Zaruba</b>  <b>Glenshire Nursing &amp; Rehab Centre</b>  <b>22660 South Cicero Avenue</b>  <b>Richton Park, IL 60471</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> <i>[Signature]</i></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        If YES, enter delivery address below: _____</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from #) <b>7009 0820 0001 7434 2506</b></p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102596-01-41-1540</span></p>	

July 22, 2009

Carolyn Sanders  
Glenwood Healthcare & Rehab  
19330 South Cottage Grove  
Glenwood, IL 60425

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Carolyn Sanders:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

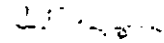
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44	Postmark N/A
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>5.54</b>	

**Sent To:** Carolyn Sanders  
Glenwood Healthcare & Rehab  
19330 South Cottage Grove  
Glenwood, IL 60425

7009 0820 0001 7434 2513

PS Form 3800, August 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY:
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Carolyn Sanders  Glenwood Healthcare &amp; Rehab  19330 South Cottage Grove  Glenwood, IL 60425</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <i>Carolyn Sanders</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery    Received by: <i>Carolyn Sanders</i> Date: <i>7-25-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes    If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from 4)	7009 0820 0001 7434 2513
PS Form 3811, February 2004	Domestic Return Receipt
	102595-02-M-1340

July 22, 2009

Kenneth Fishbain  
Gottlieb Memorial Hospital  
701 West North Avenue  
Melrose Park, IL 60160

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Kenneth Fishbain:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

7009 0820 0001 7434 2520

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Post</b>	<b>Kenneth Fishbain</b>	
Sent To	Gottlieb Memorial Hospital	
Street, Apt. or PO Box #	701 West North Avenue	
City, State	Melrose Park, IL 60160	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4, if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name)  <i>Chris Deane</i></p> <p>C. Date of Delivery                  1/27/04</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <i>None</i></p>
<p>1. Article Addressed to:</p> <p>Kenneth Fishbain                  Gottlieb Memorial Hospital                  701 West North Avenue                  Melrose Park, IL 60160</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number                  (Transfer from #) 7009 0820 0001 7434 2520</p>	

July 22, 2009

Celeste Jensen  
Grasmere Place  
4621 North Sheridan Road  
Chicago, IL 60640

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Celeste Jensen:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

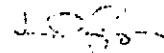
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>SM</sup>  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage Provided)*  
 For delivery information, visit our website at www.usps.com.

**OFFICIAL USE**

Postage	.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	<b>5.54</b>

Postmark Here

7009 0820 0003 7434 2537

Celeste Jensen  
 Grasmere Place  
 4621 North Sheridan Road  
 Chicago, IL 60640

PS Form 3826, August 2003

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Celeste Jensen  
 Grasmere Place  
 4621 North Sheridan Road  
 Chicago, IL 60640

**COMPLETE THIS SECTION ON DELIVERY**

A. Signed by Agent  Address   
*C. Jensen*

B. Registered by (Printed Name)  Date of Delivery   
 2. MACKIN 7/21/09

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Registered Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Member Item) 7009 0820 0003 7434 2537

July 22, 2009

Dovic Mauer  
Gross Pointe Manor  
6601 West Touhy  
Niles, IL 60714

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Dovic Mauer:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>5.54</b>

Sent To: Dovie Mauer  
 Gross Pointe Manor  
 6601 West Touhy  
 Niles, IL 60714

7009 0820 0001 7434 2544

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete forms 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Dovie Mauer        Gross Pointe Manor        6601 West Touhy        Niles, IL 60714</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name) C. Date of Delivery        [Signature] 7-25-9</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>2. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number 7009 0820 0001 7434 2544        (Transfer from 1)</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102586-02-04-1940</p>	

July 22, 2009

Jamie Dian  
Hampton Plaza Nursing  
9777 Greenwood  
Niles, IL 60714

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Jamie Dian:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:


Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service<sup>SM</sup>  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	.44
Delivery Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Post</b>	<b>5.54</b>

Postmark Here

Send To: **Jamie Diatt**  
**Hampton Plaza Nursing**  
**9777 Greenwood**  
**Niles, IL 60714**

PS Form 3847, 11-2003

7009 0820 0001 7434 2551

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on this reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or place it in the space provided if space permits.

1. Addressee:

**Jamie Diatt**  
**Hampton Plaza Nursing**  
**9777 Greenwood**  
**Niles, IL 60714**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Signature  Agent

B. Received by (Print Name)  Addressee

C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from us) **7009 0820 0001 7434 2551**

PS Form 3847

July 22, 2009

Tatiana Verkhola  
Harmony Nursing and Rehab Center  
3919 West Foster Avenue  
Chicago, IL 60625

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Tatiana Verkhola:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:


Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>5.54</b>

Postmark Here

Sent to **Tatiana Verkholaiz**  
**Harmony Nursing and Rehab Center**  
**3919 West Foster Avenue**  
**Chicago, IL 60625**

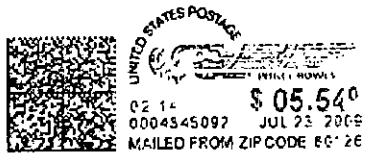
PS Form 3821 August 2008 See Back for Instructions

7009 0820 0001 7434 2568

**CERTIFIED MAIL**



7009 0820 0001 7434 2568



8/3/09  
**NON CERTIFIED**  
 Retail Service  
 (20000174844906)

1 of 1 Priority: 0  
**ENV**

**Ad**

**WITH SUBURBAN POST OFFICE**  
**WITH SUBURBAN POST OFFICE**

Tatiana Verkholaiz  
 Harmony Nursing and Rehab  
 Center  
 3919 West Foster Avenue  
 Chicago, IL 60625

*MX*



**24005**

go to the minute postage information use Star Receiver.

NIXIE 608 SE 1 22 07/20/09  
**RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
 UNABLE TO FORWARD**

DCI 60422098899 \*1475-09647-24-32

**6062536055 0048**  
**6042209899**



July 22, 2009

Margaret Olson  
Heather Health Care Center  
15600 South Honore Street  
Harvey, IL 60426

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Margaret Olson:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

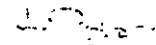
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**PROFICIAL USE**

<b>Postage</b>	\$ .44
<b>Certified Fee</b>	2.80
<b>Return Receipt Fee</b> <small>(Endorsement Required)</small>	2.30
<b>Restricted Delivery Fee</b> <small>(Endorsement Required)</small>	.54
<b>Total Postage</b>	5.54

Postmark  
MHD

**Sent To** Margaret Olson  
Heather Health Care Center  
15600 South Honore Street  
Harvey, IL 60426

PS Form 3811, February 2004

7009 0820 0001 7434 2575

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Margaret Olson  Heather Health Care Center  15600 South Honore Street  Harvey, IL 60426</p> <p>2. Article Number  <small>(Transfer from #)</small>      7009 0820 0001 7434 2575</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Margaret Olson</i>      <input type="checkbox"/> Agent Address</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <i>Margaret Olson</i>      7/25/09</p> <p>D. Is delivery address different from item 1?      <input type="checkbox"/> Yes  If YES, enter delivery address below:      <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004	Domestic Return Receipt

July 22, 2009

Sylvia Y. Herlihy  
Heritage Nursing Home  
5888 North Ridge Avenue  
Chicago, IL 60660

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Sylvia Y. Herlihy:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

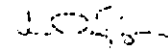
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>SM</sup>  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54

Total Postage: **9.08**

PS Form 3800, July 2002

7009 0820 0001 7434 2582

7009 0820 0001 7434 2582

PS Form 3800, July 2002

PS Form 3800, July 2002

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front, if space permits.

1. Article Addressed to:

Sylvia Y. Herlihy  
 Heritage Nursing Home  
 5888 North Ridge Avenue  
 Chicago, IL 60660

**COMPLETE THIS SECTION OR DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by: Sylvia Y. Herlihy C. Date of Delivery: 7/25/04

D. Is delivery address different from item 1?  Yes  No

If YES, enter delivery address below:

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Restricted Delivery/ (Extra Fee)  Yes  No

4. Return Receipt for Merchandise  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.  
 Restricted Delivery/ (Extra Fee)  Yes  No

2. Article Number (Number from 5): **7009 0820 0001 7434 2582**

July 22, 2009

Karen Gutierrez  
Hickory Nursing Pavilion  
9246 South Roberts Road  
Hickory Hills, IL 60457

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Karen Gutierrez:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

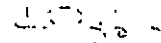
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	.44	Postmark Here
Certified Fee		2.80	
Return Receipt Fee (Endorsement Required)		2.30	
Registered Delivery Fee (Endorsement Required)			
<b>Total Fees</b>		<b>5.54</b>	

Send to: **Karen Gutierrez**  
 Hickory Nursing Pavilion  
 9246 South Roberts Road  
 Hickory Hills, IL 60457

PS Form 3811, February 2004      See Reverse for Instructions

7009 0820 0003 7434 2599

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Karen Gutierrez</b>  <b>Hickory Nursing Pavilion</b>  <b>9246 South Roberts Road</b>  <b>Hickory Hills, IL 60457</b></p>	<p>A. Signature</p> <p><i>K. Gutierrez</i> <input checked="" type="checkbox"/> Agent Addressed</p> <p>B. Received by (Printed Name)</p> <p><b>D. Benson</b></p> <p>C. Date of Delivery</p> <p><b>7/3/07</b></p> <p>D. Is delivery address different from item B? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No      If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail       <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from a)    <b>7009 0820 0003 7434 2599</b></p>	

July 22, 2009

Amy Walko  
Hillcrest Healthcare Center  
777 Draper  
Joliet, IL 60432

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Amy Walko:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

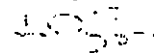
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**POSTAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage</b>	<b>\$ 5.54</b>	

Sent to: Amy Walko  
Hillcrest Healthcare Center  
777 Draper  
Joliet, IL 60432

7009 0820 0003 7434 2605  
PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Amy Walko  Hillcrest Healthcare Center  777 Draper  Joliet, IL 60432</p> <p>2. Article Number  <small>(Transfer from us)</small>      7009 0820 0003 7434 2605</p>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004      Domestic Return Receipt      102295-02-00-10-00	

July 22, 2009

Eileen Bregianos  
Holy Family Nursing & Rehab Center  
2380 Dumpster Street  
Des Plaines, IL 60016

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Eileen Bregianos:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7009 0820 0001 7434 2612

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>5.54</b>	

Sent To: Eileen Bregianos  
 Holy Family Nursing & Rehab  
 Center  
 2380 Dumpster Street  
 Des Plaines, IL 60016

**CERTIFIED MAIL**

Avenue  
 60429-0989



7009 0820 0001 7434 2612



NK  
 1629  
 NM  
 7-25

Eileen Bregianos  
 Holy Family Nursing & Rehab  
 Center  
 2380 Dumpster Street  
 Des Plaines, IL 60016

NIXIE 600 SC 1 02 00/06/09

RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
 UNABLE TO FORWARD

BC: 60429098999 \*1475-09554-24-32

5500 634550 1008  
 604290989



July 22, 2009

Roberta Magurany  
Holy Family Villa  
12220 South Will Cook Road  
Palos Park, IL 60464

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Roberta Magurany:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

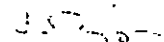
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	5.54	
<b>Total Post</b>		

Send To: Roberta Magurany  
Holy Family Villa  
Street, Apt. or PO Box: 12220 South Will Cook Road  
City, State: Palos Park, IL 60464

PS Form 3811, February 2004

7009 0820 0003 7434 2629

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Roberta Magurany  Holy Family Villa  12220 South Will Cook Road  Palos Park, IL 60464</p> <p>2. Article Number  <small>(Transfer from s)</small>      7009 0820 0003 7434 2629</p>	<p>A. Signature  <input checked="" type="checkbox"/> Signature      <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>J. H. H.</i></p> <p>C. Date of Delivery  7/25/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004      Domestic Return Receipt      102596-02-M-1540	

July 22, 2009

Martin J. Downs  
IL Veterans Home at Manteno  
1 Veterans Drive  
Manteno, IL 60901

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Martin J. Downs:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

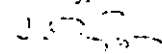
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsements Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>	<b>5.54</b>	

Total Post: Martin J. Downs  
 Sent to: IL Veterans Home at Manteno  
 Street, Apt. or PO Box: 1 Veterans Drive  
 City, State: Manteno, IL 60901

PS Form 3800, August 2002 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Martin J. Downs  
 IL Veterans Home at Manteno  
 1 Veterans Drive  
 Manteno, IL 60901

2. Article Number: 7009 0820 0001 7434 2636  
 (Transfer from card)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *M. J. Downs*  Agent  Addressee

B. Received by (Printed Name): *M. J. Downs*

C. Date of Delivery: *7-2-07*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

Domestic Return Receipt 102595-02-01-1640

July 22, 2009

Frederick Ramos  
Imperial Grove Pavilion  
1366 West Fullerton Avenue  
Chicago, IL 60614

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Frederick Ramos:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

Postage	.44
Certified Fee	2.80
Return Receipt Fee <small>(Endorsement Required)</small>	2.30
Restricted Delivery Fee <small>(Endorsement Required)</small>	
<b>Total Post</b>	<b>5.54</b>

Postmark  
Here

Sent To: **Frederick Ramos**  
**Imperial Grove Pavilion**  
**1366 West Fullerton Avenue**  
**Chicago, IL 60614**

US Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Frederick Ramos</b>  <b>Imperial Grove Pavilion</b>  <b>1366 West Fullerton Avenue</b>  <b>Chicago, IL 60614</b></p>	<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>Ramos</b> Date of Delivery <b>12/20/09</b></p> <p>C. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> NO, YES, enter delivery address below.</p> <p>D. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <small>(Transfer from 4)</small></p> <p style="font-size: 1.2em; text-align: center;">7007 0620 0001 7434 2643</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> G.O.D.</p>

PS Form 3811, February 2004      Domestic Return Receipt      109509-02-M-164C

July 22, 2009

Bonzetta Williams  
Imperial of Hazel Crest  
3300 West 175th Street  
Hazel Crest, IL 60429

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Bonzetta Williams:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:


Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)\*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 4.44	Footmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	5.54	
<b>Total Postage</b>		
Send To: <b>Bonzetta Williams</b>		
Imperial of Hazel Crest		
3300 West 175th Street		
Hazel Crest, IL 60429		

PS Form 3800, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Bonzetta Williams            Imperial of Hazel Crest            3300 West 175th Street            Hazel Crest, IL 60429</p>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p><i>Toni McGraw</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from Rem 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <span style="float: right;">7009 0620 0001 7434 2650</span></p> <p><small>(Transfer from ee)</small></p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102593-02-04-1540</span></p>	

July 22, 2009

Nikki Dinsmore  
International Village  
4815 South Western Avenue  
Chicago, IL 60609

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Nikki Dinsmore:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

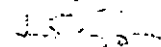
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

**7009 0820 0001 7434 2667**

<b>Postage</b>	\$ .44	Postmark Here
<b>Certified Fee</b>	2.80	
<b>Return Receipt Fee</b> <small>(Endorsement Required)</small>	2.30	
<b>Restricted Delivery Fee</b> <small>(Endorsement Required)</small>		
<b>Total Postage</b>	5.54	

**Send To**  
 Nikki Dinsmore  
 International Village  
 4815 South Western Avenue  
 Chicago, IL 60609

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><b>A. Signature</b>  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p><b>B. Received by (Printed Name)</b></p> <p><b>C. Date of Delivery</b>        2-25-09</p> <p><b>D. Is delivery address different from item 1? <input type="checkbox"/> Yes</b>        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Nikki Dinsmore          International Village          4815 South Western Avenue          Chicago, IL 60609</p>	<p><b>3. Service Type</b></p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered        <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail        <input type="checkbox"/> C.O.D.</p> <p><b>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</b></p>
<p>2. Article Number  <small>(Transfer from #)</small>        <b>7009 0820 0001 7434 2667</b></p>	

PS Form 3811, February 2004                      Domestic Return Receipt                      102595-02-M-1540

July 22, 2009

Connie Ortega  
Jackson Square Nursing & Rehab Center  
5130 West Jackson Boulevard  
Chicago, IL 60644

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Connie Ortega:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

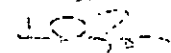
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service  
**CERTIFIED MAIL... RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

7009 0820 0001 7434 2674

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>	<b>5.54</b>	

Send To: **Connie Ortega**  
 Jackson Square Nursing & Rehab  
 Center  
 5130 West Jackson Boulevard  
 Chicago, IL 60644

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Connie Ortega</b>  <b>Jackson Square Nursing &amp; Rehab Center</b>  <b>5130 West Jackson Boulevard</b>  <b>Chicago, IL 60644</b></p>	<p>A. Signature  <i>X Terry Palmer</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <b>7-25-09</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  <small>(Transfer from card)</small> <b>7009 0820 0001 7434 2674</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004      Domestic Return Receipt      102508-02-M-1540

July 22, 2009

Janet Cantelo  
Joliet Terrace  
2230 McDonough  
Joliet, IL 60436

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Janet Cantelo:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

7009 0820 0001 7434 2681

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Enclosures Required)	2.30	
Restricted Delivery Fee (Enclosures Required)		
Total Post	5.54	

Sent To: Janet Cantelo  
 Joliet Terrace  
 2230 McDonough  
 Joliet, IL 60436

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by <i>[Printed Name]</i> C. Date of Delivery <i>7/27</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Janet Cantelo          Joliet Terrace          2230 McDonough          Joliet, IL 60436</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number <i>7009 0820 0001 7434 2681</i></p> <p><i>(Transfer from #)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102105-02-00-1540

July 22, 2009

Randy LeBeau  
Kankakee Terrace  
100 Belle Aire  
Bourbonnais, IL 60914

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Randy LeBeau:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit our website at www.usps.com.

**OFFICIAL USE**

Postage	.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54

Total Post: \_\_\_\_\_  
 Payment Here \_\_\_\_\_

Send to:  
 Randy LeBeau  
 Kankakee Terrace  
 100 Belle Aire  
 PO Box A  
 Bourbonnais, IL 60914

7009 0820 0001 7434 2598

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Randy LeBeau  
 Kankakee Terrace  
 100 Belle Aire  
 Bourbonnais, IL 60914

**COMPLETE THIS SECTION OR DELIVERY**

A. Signature  Agent  
 X *Randy LeBeau*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 LEANA WILSON 7/27

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery? (Extra Fee)  Yes

July 22, 2009

Sonia Towns  
Kenwood Healthcare Center  
6125 South Kenwood  
Chicago, IL 60637

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Sonia Towns:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

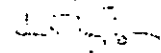
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

July 22, 2009

Carl Baker  
King-Bruwaert House  
6101 S. County Line Road  
Burr Ridge, IL 60527

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Carl Baker:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

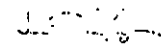
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Registered Delivery Fee <small>(Endorsement Required)</small>	5.54	
Total Postage		

Send To: Carl Baker  
King-Bruwaert House  
6101 S. County Line Road  
Burr Ridge, IL 60527

PS Form 3800, August 2003 See Reverse for Instructions

7009 0620 0001 7434 2711

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  Jeff Sauer</p> <p>C. Date of Delivery  7-27-09</p> <p>D. Is delivery address different from item 1?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Carl Baker  King-Bruwaert House  6101 S. County Line Road  Burr Ridge, IL 60527</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Express Mail  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)  <input type="checkbox"/> Yes</p>
<p>2. Article Number  <small>(Transfer from #)</small> 7009 0620 0001 7434 2711</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102365-02-01-1540



July 22, 2009

James Farlee  
Lake Shore Health Care  
7200 North Sheridan Road  
Chicago, IL 60626

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear James Farlee:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

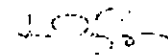
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information, visit our website at www.usps.com.

**OFFICIAL USE**

Package #	144
Certified Fee	2.80
Return Receipt Fee (Embarkment Receipt)	2.30
Restricted Delivery Fee (Embarkment Receipt)	5.54
Total Postage	

Postmark Here

Send To  
 James Farlee  
 Lake Shore Health Care  
 7200 North Sheridan Road  
 Chicago, IL 60626

PS Form 3800, 11/01

2009 0620 0001 7434 2726

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return this card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

James Farlee  
 Lake Shore Health Care  
 7200 North Sheridan Road  
 Chicago, IL 60626

**COMPLETE THIS SECTION: ON DELIVERY**

A. Signature  Agent  Addressee  
 B. Received by (Printed Name) \_\_\_\_\_ Date of Delivery \_\_\_\_\_  
 C. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number 7009 0620 0001 7434 2726

July 22, 2009

Quinn Corcoran  
Lakefront Nursing & Rehab Center  
7618 North Sheridan Road  
Chicago, IL 60626

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Quinn Corcoran:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

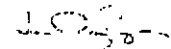
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>	<b>5.54</b>	

Sent To: **Quinn Corcoran**  
 Lakefront Nursing & Rehab Center  
 7618 North Sheridan Road  
 Chicago, IL 60626

PS Form 3811, August 2003 See Reverse for Instructions

7009 0620 0003 7434 2735

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Quinn Corcoran            Lakefront Nursing &amp; Rehab Center            7618 North Sheridan Road            Chicago, IL 60626</p>	<p>A. Signature</p> <p style="margin-left: 20px;"><i>Anna L. Henderson</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p style="margin-left: 20px;">ANNA L. HENDERSON <span style="float: right;">7-15-04</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <span style="float: right;">7009 0620 0003 7434 2735</span></p> <p style="font-size: small;">(Transfer from <i>as</i>)</p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1540</span></p>	

July 22, 2009

Michael Elkes  
Lakeview Nursing & Rehab Center  
735 West Diversey  
Chicago, IL 60614

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Michael Elkes:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

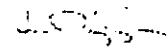
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL... RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

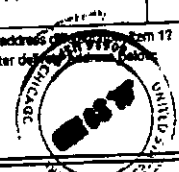
**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>	<b>3.54</b>	

7009 0820 0001 7434 2742

Send to: Michael Elkes  
 Lakeview Nursing & Rehab Center  
 Street, Apt. or PO Box: 735 West Diversey  
 City, State: Chicago, IL 60614

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Elkes</i></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below.</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p>Michael Elkes          Lakeview Nursing &amp; Rehab Center          735 West Diversey          Chicago, IL 60614</p>	
<p>2. Article Number (Transfer from a)</p> <p>7009 0820 0001 7434 2742</p>	
PS Form 3811, February 2004	Domestic Return Receipt 102505-02-M-1540

July 22, 2009

Patti Long  
Lakewood Nursing & Rehab Center  
14716 South Eastern Avenue  
Plainfield, IL 60544

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Patti Long:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

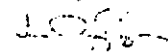
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	.44
Condition Fee	
Return Receipt Fee	2.80
Restrictive Delivery Fee (Endorsement Required)	2.30
Total Postage	5.54

Postmark Here

**Patti Long**  
 Lakewood Nursing & Rehab Center  
 14716 South Eastern Avenue  
 Plainfield, IL 60544

PS Form 3811, August 2004

7009 0820 0001 7434 2759

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Patti Long**  
 Lakewood Nursing & Rehab Center  
 14716 South Eastern Avenue  
 Plainfield, IL 60544

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]

B. Received by (Print name)  
 [Signature]

C. Date of Delivery  
 [Signature]

D. If delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from any) **7009 0820 0001 7434 2759**

PS Form 3811, February 2004 Domestic Return Receipt

1022PS-09-11-1940



July 22, 2009

William McNiff  
Lee Manor  
1301 Lee Street  
Des Plaines, IL 60018

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear William McNiff:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

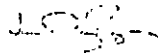
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44	
Certified Fee	2.80	Postmark Here
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	5.54	
<b>Total Postage</b>	<b>8.98</b>	

Sent To: **William McNiff**  
**Lee Manor**  
 1301 Lee Street  
 Des Plaines, IL 60018

7009 0820 0001 7434 2766

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">William McNiff Lee Manor 1301 Lee Street Des Plaines, IL 60018</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Kathy Contreras</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Kathy Contreras</i></p> <p>C. Date of Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>7/25/05</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>2. Article Number (Transfer from a)</p> <p style="text-align: center;">7009 0820 0001 7434 2766</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102385-02-34-1540

July 22, 2009

Wendy Janulis  
Lemont Nursing & Rehab Center  
12450 Walker Road  
Lemont, IL 60439

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Wendy Janulis:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicant's first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

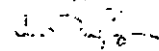
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7009 0820 0001 7434 2773

Postage	\$ 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	3.30	
Registered Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>5.54</b>	

Sent To: Wendy Janulis  
 Street, Apt. 1: Lemont Nursing & Rehab Center  
 or PO Box #: 12450 Walker Road  
 City, State: Lemont, IL 60439

PS Form 3800, September 2003

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Wendy Janulis            Lemont Nursing &amp; Rehab Center            12450 Walker Road            Lemont, IL 60439</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> C. Date of Delivery            Susan Palm 7-27-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <span style="float: right;">7009 0820 0001 7434 2773</span>            (Transfer from ss)</p>	
<p style="font-size: x-small;">PS Form 3811, February 2004      Domestic Return Receipt      102505-02-01-1940</p>	

July 22, 2009

Lawrence Putz  
Lexington Health Care Center  
14601 S. John Humphrey Drive  
Orland Park, IL 60462

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Lawrence Putz:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7009 0820 0003 7434 2780

Postage	\$ 44	
Certified Fee	2.80	Postmark Here
Return Receipt Fee (Encirclement Required)	2.30	
Restricted Delivery Fee (Encirclement Required)		
<b>Total Postage</b>	<b>5.54</b>	

Sent to **Lawrence Putz**  
**Lexington Health Care Center**  
**14601 S. John Humphrey Drive**  
**Orland Park, IL 60462**

PS Form 3811, February 2004

SENDER (COMPLETE THIS SECTION)	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="padding-left: 20px;"><b>Lawrence Putz</b>  <b>Lexington Health Care Center</b>  <b>14601 S. John Humphrey Drive</b>  <b>Orland Park, IL 60462</b></p> <p>2. Article Number  <small>(Transfer from #)</small>      <b>7009 0820 0003 7434 2780</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Anna Svensson</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <b>Anna Svensson</b>      <b>7-25</b></p> <p>D. Is delivery address different from Item 1?      <input type="checkbox"/> Yes  If YES, enter delivery address below:      <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004      Domestic Return Receipt      1C1295-02-44-1340</p>	

July 22, 2009

Jennifer Conniff  
Lexington Health Care Center  
420 West Butterfield Road  
Elmhurst, IL 60126

Re: Proposed Discontinuation: Long Term Care Category of Service

Dear Jennifer Conniff:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

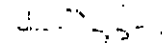
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>™</sup>  
**CERTIFIED MAIL<sup>™</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)


**OFFICIAL USE**

Postage	\$ .44	Postman None
Certified Fee	2.30	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>	<b>3.04</b>	

Sent to: Jennifer Conniff  
 Lexington Health Care Center  
 420 West Butterfield Road  
 Elmhurst, IL 60126

PS Form 3811, February 2004

7009 0820 0001 7434 2797

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>7-27-09</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Jennifer Conniff          Lexington Health Care Center          420 West Butterfield Road          Elmhurst, IL 60126</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number: <u>7009 0820 0001 7434 2797</u>          (Transfer from: _____)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



July 22, 2009

Susan Polier  
Lexington Health Care Center - Lombard  
2100 South Finley Road  
Lombard, IL 60148

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Susan Polier:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicant's first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

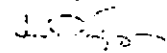
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Registered Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>5.54</b>

Postmark Here

Sent To: Susan Polier  
 Lexington Health Care Center -  
 Lombard  
 2100 South Finley Road  
 Lombard, IL 60148

PS Form 3811

7009 0820 0001 7434 2803

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input checked="" type="checkbox"/> Title of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        If YES, enter delivery address below.</p>
<p>1. Article Addressed to:</p> <p>Susan Polier          Lexington Health Care Center -          Lombard          2100 South Finley Road          Lombard, IL 60148</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (transfer from se) 7009 0820 0001 7434 2803</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540

July 22, 2009

Nancy McDonald  
Lexington of Chicago Ridge  
10300 Southwest Highway  
Chicago Ridge, IL 60415

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Nancy McDonald:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

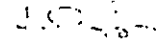
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7009 0820 0001 7434 2810

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Postage</td> <td style="width: 50%; text-align: right;">44</td> </tr> <tr> <td>Certified Fee</td> <td style="text-align: right;">2.30</td> </tr> <tr> <td>Return Receipt Fee (Endorsement Required)</td> <td style="text-align: right;">2.30</td> </tr> <tr> <td>Restricted Delivery Fee (Endorsement Required)</td> <td style="text-align: right;">5.54</td> </tr> <tr> <td><b>Total Postage</b></td> <td style="text-align: right;"><b>10.58</b></td> </tr> </table>	Postage	44	Certified Fee	2.30	Return Receipt Fee (Endorsement Required)	2.30	Restricted Delivery Fee (Endorsement Required)	5.54	<b>Total Postage</b>	<b>10.58</b>	Postmark Here
Postage	44										
Certified Fee	2.30										
Return Receipt Fee (Endorsement Required)	2.30										
Restricted Delivery Fee (Endorsement Required)	5.54										
<b>Total Postage</b>	<b>10.58</b>										

Sent To: **Nancy McDonald**  
 Lexington of Chicago Ridge  
 10300 Southwest Highway  
 Chicago Ridge, IL 60415

US Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Nancy McDonald</b>  <b>Lexington of Chicago Ridge</b>  <b>10300 Southwest Highway</b>  <b>Chicago Ridge, IL 60415</b></p>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>Lilma Silva</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <b>LILMA SILVA</b></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>2. Article Number          (Transfer from SA) <b>7009 0820 0001 7434 2810</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102395 02-11-1540

July 22, 2009

Barbara Wexler  
Lieberman Center for Health and Rehab  
9700 Gross Point Road  
Skokie, IL 60076

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Barbara Wexler:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

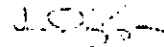
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
First-Class Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>5.54</b>

Postmark Here

Send To: Barbara Wexler  
 Lieberman Center for Health &  
 Rehab  
 9700 Gross Point Road  
 Skokie, IL 60076

PS Form 3811 August 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>x Barbara Wexler</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <b>7-25</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Barbara Wexler          Lieberman Center for Health &amp;          Rehab          9700 Gross Point Road          Skokie, IL 60076</p>	<p>S. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from \$ <b>7009 0820 0001 7434 2834</b>)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102585-02-04-1540

July 22, 2009

Dov Solomon  
Lincoln Park Terrace  
2732 North Hampden Court  
Chicago, IL 60614

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Dov Solomon:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

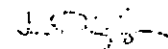
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service ...  
CERTIFIED MAIL - RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage: .44  
 Certified Fee: 2.80  
 Return Receipt Fee (Endorsement Required): 2.30  
 Restricted Delivery Fee (Endorsement Required):  
 Total Postage: 5.54

Postmark Here

Sent To: Dov Solomon  
 Lincoln Park Terrace  
 2732 North Hampden Court  
 Chicago, IL 60614

7009 0820 0001 7434 2643

PS Form 3800, August 2002

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Dov Solomon  
 Lincoln Park Terrace  
 2732 North Hampden Court  
 Chicago, IL 60614

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Address

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7009 0820 0001 7434 2643

11, February 2004 Domestic Return Receipt 102599-02-01-1540



July 22, 2009

Lawrence Torf  
Lincolnwood Place  
7000 North McCormick Blvd  
Lincolnwood, IL 60712

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Lawrence Torf:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

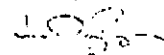
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

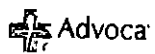
Postage	.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

Sent To: Lawrence Torf  
 Lincolnwood Place  
 7000 North McCormick Blvd  
 Lincolnwood, IL 60712

PS Form 3800, January 2002

2582 4542 7000 0280 6007

dzic Avenue  
 nis 60429-0989



**CERTIFIED MAIL™**



7009 0820 0001 7434 2858



UNITED STATES POSTAGE  
 02 1A \$05.54<sup>0</sup>  
 0004345092 JUL 23 2009  
 MAILED FROM ZIP CODE 60725

Lawrence Torf  
 Lincolnwood Place  
 7000 North McCormick Blvd  
 Lincolnwood, IL 60712

*foe*

NIXIE 606 SE 1 22 07/28/09

RETURN TO SENDER  
 NOT DELIVERABLE AS ADDRESSED  
 UNABLE TO FORWARD

RC: 60429090999 \*1476-09602-24-92



700999  
 72E COE

**SOUTH SUBURBAN HOSI**  
**SOUTH SUBURBAN HOSI**

**TIMOTHY**  
**DAUGHTERY**

7/31/09  
 RETURN TO SENDER SOUTH SUB  
 US Postal Service  
 7009082000174342858  
 1 of 1  
 Priority: 0  
 CERTI

July 22, 2009

Sister Maureen A. Courtney  
Little Sisters of the Poor  
2325 North Lakewood Avenue  
Chicago, IL 60614

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Sister Maureen A. Courtney:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

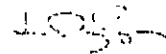
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL... RECEIPT**  
 (Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>5.54</b>

Sent To: Sister Maureen A. Courtney  
 Little Sisters of the Poor  
 Street: 2325 North Lakewood Avenue  
 or PO Box  
 City/State: Chicago, IL 60614

Postmark Here

7009 0820 0001 7434 2865

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressed</p> <p>B. Received by (Printed Name) <u>Wanda Volk</u> <input type="checkbox"/> Date of Delivery <u>7/28/09</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below.</p>
<p>1. Article Addressed to:</p> <p>Sister Maureen A. Courtney          Little Sisters of the Poor          2325 North Lakewood Avenue          Chicago, IL 60614</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail</p> <p><input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <u>7009 0820 0001 7434 2865</u></p> <p>(Transfer from #)</p>	
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-44-1040</p>

July 22, 2009

Nicholas Papp  
Lexington of LaGrange  
4735 Willow Springs Road  
LaGrange, IL 60525

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Nicholas Papp:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

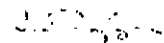
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7009 0820 0001 7434 2827

Package	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage</b>	<b>5.54</b>	

**Send To**  
 Nicholas Papp  
 Lexington of LaGrange  
 4735 Willow Springs Road  
 LaGrange, IL 60525

PS Form 3800, July 2003

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Nicholas Papp            Lexington of LaGrange            4735 Willow Springs Road            LaGrange, IL 60525</p>	<p>A. Signature  <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name)      C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  <small>(Transfer from 1)</small>      7009 0820 0001 7434 2827</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered Mail      <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p>
<p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004
Domestic Return Receipt
102893-02-44-1540

July 22, 2009

Alice A. Apará-Olujimi  
Lydia Healthcare  
13901 South Lydia  
Robbins, IL 60472

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Alice A. Apará-Olujimi:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

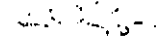
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL® RECEIPT**  
*(Domestic Mail Only: No Insurance Coverage Provided)*  
 For delivery information visit our web site at [www.usps.com](http://www.usps.com)

**SPECIAL USE**

Postage	\$ .44	Payment from
Certified Fee	2.30	
Return Receipt Fee (Certification Required)	2.30	
Post-Office Delivery Fee (Certification Required)		
<b>Total Postage</b>	<b>5.04</b>	

Send to: **Alice A. Aparra-Olujimi**  
**Lydia Healthcare**  
 13901 South Lydia  
 Robbins, IL 60472

PS Form 3811, February 2004

7009 0820 0001 7434 2872

**SENDER: COMPLETE THIS SECTION**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired, so that we can return the card to you. Attach this card to the back of the mailpiece, or on the form if space permits.

1. Article Addressed to:  
 Alice A. Aparra-Olujimi  
 Lydia Healthcare  
 13901 South Lydia  
 Robbins, IL 60472

**COMPLETE THIS SECTION ON DELIVERY**

A. Return to:  
 X **Robbins, IL**  
 (Printed Name) C. Date of Delivery  
 02/12/2010

B. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery (Extra Fee)  Yes

4. Restricted Delivery (Extra Fee)  Yes

2. Article Number  
 (Manufacturer) **7009 0820 0001 7434 2872**

PS Form 3811, February 2004 Domestic Return Receipt 10250-02-000-1040



July 22, 2009

Anthony Schreiber  
Manor Care - Hinsdale  
600 West Ogden Avenue  
Hinsdale, IL 60521

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Anthony Schreiber:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

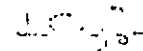
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7009 0820 0001 7434 2889

Postage	\$ 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
Total For		
Sent To	Anthony Schreiber	
	Manor Care - Hinsdale	
Street Address or PO Box	600 West Ogden Avenue	
City, State	Hinsdale, IL 60521	

<p><b>SENDER: COMPLETE THIS SECTION:</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Anthony Schreiber          Manor Care - Hinsdale          600 West Ogden Avenue          Hinsdale, IL 60521</p> <p>2. Article Number          (Transfer from s) <b>7009 0820 0001 7434 2889</b></p>	<p><b>COMPLETE THIS SECTION ON DELIVERY:</b></p> <p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <b>09/23/09</b></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes          If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	---

July 22, 2009

Susan Lucas  
Manor Care - Kankakee  
900 West River Place  
Kankakee, IL 60901

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Susan Lucas:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

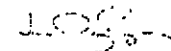
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Post</b>	<b>Susan Lucas</b>	
Sent To	Manor Care - Kankakee	
Street, Apt. or PO Box	900 West River Place	
City, State	Kankakee, IL 60901	

PS Form 3811, February 2004 See Reverse for Instructions

7009 0820 0001 7434 2896

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Dennis Stewart</i> C. Date of Delivery <i>7-27-09</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Susan Lucas          Manor Care - Kankakee          900 West River Place          Kankakee, IL 60901</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from):</p> <p>7009 0820 0001 7434 2896</p>	

July 22, 2009

Diane D. Lube  
Manor Care - Naperville  
200 West Martin Avenue  
Naperville, IL 60540

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Diane D. Lube:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

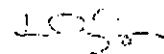
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

7009 0820 0001 7434 2902

U.S. Postal Service  
**CERTIFIED MAIL... RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>5.54</b>

Postmark Here

Send To: Diane D. Lube  
 Manor Care - Naperville  
 200 West Martin Avenue  
 Naperville, IL 60540

PS Form 3811

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Diane D. Lube  
 Manor Care - Naperville  
 200 West Martin Avenue  
 Naperville, IL 60540

2. Article Number 7009 0820 0001 7434 2902  
 (Transfer from \_\_\_\_\_)

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) SHAKIR SHAIKH C. Date of Delivery 7/29/09

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  O.D.D.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

102295-02-M-1540

July 22, 2009

JoMarie Silver  
Manor Care - Oak Lawn / 95th  
6300 West 95th Street  
Oak Lawn, IL 60453

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear JoMarie Silver:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

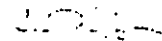
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ 4.44
Certified Fee	2.80
Return Receipt Fee <small>(Endorsement Required)</small>	2.30
Restricted Delivery Fee <small>(Endorsement Required)</small>	5.54
<b>Total Postage</b>	<b>15.08</b>

Sent To: **JoMarie Silver**  
 Manor Care - Oak Lawn / 95th  
 6300 West 95th Street  
 Oak Lawn, IL 60453

PS Form 3800, August 2004

7009 0820 0001 7434 2919

<b>SENDER: COMPLETE THIS SECTION</b>	<b>COMPLETE THIS SECTION ON DELIVERY</b>
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">JoMarie Silver            Manor Care - Oak Lawn / 95th            6300 West 95th Street            Oak Lawn, IL 60453</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Rebecca Howard</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery  <i>Rebecca Howard</i> 7/12/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  <small>(Transfer from #)</small> 7009 0820 0001 7434 2919</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



July 22, 2009

Karen Petyko  
 Manor Care - Oak Lawn / Kostner  
 9401 South Kostner Avenue  
 Oak Lawn, IL 60453

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Karen Petyko:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

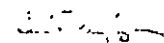
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**U.S. POSTAGE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>3.54</b>	

Sent to **Karen Petyko**  
 Manor Care - Oak Lawn / Kostner  
 9401 South Kostner Avenue  
 Oak Lawn, IL 60453

PS Form 3820, August 2004

7009 0820 0001 7434 2926

SENDER: COMPLETE THIS SECTION	RECIPIENT: COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>Karen Petyko</b>  <b>Manor Care - Oak Lawn / Kostner</b>  <b>9401 South Kostner Avenue</b>  <b>Oak Lawn, IL 60453</b></p> <p>2. Article Number  <i>(Transfer from 1)</i> <b>7009 0820 0001 7434 2926</b></p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><b>x Kelly Kearney</b></p> <p>B. Received by <i>(Printed Name)</i> <input type="checkbox"/> Date of Delivery</p> <p><b>Kelly Kearney 7/25/09</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt: 40299-02-00-1340

July 22, 2009

Lenette Clark  
Manor Care - Palos Heights  
7580 West College Drive  
Palos Heights, IL 60463

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Lenette Clark:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

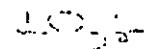
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

7009 0820 0001 7434 2933

Postage	\$ .44	Postmark Here
Contract Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

Sent to: Lenette Clark  
Manor Care - Palos Heights  
7580 West College Drive  
Palos Heights, IL 60463

PS Form 3811, February 2004

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Lenette Clark  Manor Care - Palos Heights  7580 West College Drive  Palos Heights, IL 60463</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>[Signature]</i> C. Date of Delivery  7-28-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <b>7009 0820 0001 7434 2933</b>  <small>(Transfer from 6)</small></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1640</p>	

July 22, 2009

Vicki Tomer  
Manor Care - Palos Heights West  
11860 Southwest Highway  
Palos Heights, IL 60463

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Vicki Tomer:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

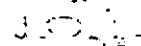
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7009 0820 0001 7434 2940

Postage	\$ .44	
Certified Fee	2.80	Postmark Here
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage:</b>	<b>5.54</b>	

**Sent To:** Vicki Tomer  
 Manor Care - Palos Heights West  
 11860 Southwest Highway  
 Palos Heights, IL 60463

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Vicki Tomer            Manor Care - Palos Heights West            11860 Southwest Highway            Palos Heights, IL 60463</p> <p>2. Article Number            (Transfer from SA) <b>7009 0820 0001 7434 2940</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Scott Brown</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressed</p> <p>B. Received by (Printed Name)  <i>Scott Brown</i></p> <p>C. Date of Delivery  <b>7-25-08</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<small>PS Form 3811, February 2004 Domestic Return Receipt 10299-09-01-1040</small>	

July 22, 2009

Dr. Michael Gottesman  
Manor Care - Skokie  
4660 Old Orchard Road  
Skokie, IL 60076

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Dr. Michael Gottesman:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

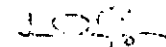
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage:	5.54	

Sent To: Dr. Michael Gottesman  
 Manor Care - Skokie  
 4660 Old Orchard Road  
 Skokie, IL 60076

7009 0820 0001 7434 2957

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <i>1-25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Dr. Michael Gottesman          Manor Care - Skokie          4660 Old Orchard Road          Skokie, IL 60076</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from #) <b>7009 0820 0001 7434 2957</b></p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1940



July 22, 2009

Kimberly Saggese  
Manor Care - South Holland  
2145 East 170th Street  
South Holland, IL 60473

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Kimberly Saggese:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

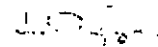
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**POSTAGE WILL BE PAID BY ADDRESSEE**

Postage	1.44
Certified Fee	2.80
Return Receipt Fee (Requirement Required)	2.30
Restricted Delivery Fee (Requirement Required)	
<b>Total Postage \$</b>	<b>3.54</b>

Postmark Here

**Send To**  
**Kimberly Saggese**  
 Manor Care - South Holland  
 2145 East 170th Street  
 South Holland, IL 60473

PS Form 3811, February 2004

7009 0820 0001 7434 2964

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.

Print your name and address on the reverse so that we can return the card to you.

Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Kimberly Saggese  
 Manor Care - South Holland  
 2145 East 170th Street  
 South Holland, IL 60473

**COMPLETE THIS SECTION OF DELIVERY**

A. Signature  
 *K Saggese*  Agent

B. Registered by (Printed Name)  
*D. SAGGSE*  Address

C. Date of Delivery  
*07/28/09*  Yes  No

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Master form 3811)  
 7009 0820 0001 7434 2964

PS Form 3811, February 2004 Domestic Return Receipt 10239-02-00-1-010

July 22, 2009

Anthony Schreiber  
Manor Care - Westmont  
512 East Ogden Avenue  
Westmont, IL 60559

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Anthony Schreiber:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

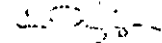
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Post</b>	<b>5.54</b>	

Sent to: **Anthony Schreiber**  
**Manor Care - Westmont**  
 Street, Apt. 1 **512 East Ogden Avenue**  
 or PO Box **Westmont, IL 60559**  
 City, State, ZIP+4®

PS Form 3800, August 2002 5687 (Form for Institutions)

7009 0820 0001 7434 2971

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Anthony Schreiber            Manor Care - Westmont            512 East Ogden Avenue            Westmont, IL 60559</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>A. Schreiber</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressed</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery            7-25-03</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number <b>7009 0820 0001 7434 2971</b>            (Transfer from)</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 10295 02-M-1540

July 22, 2009

Leslie Miles  
Manorcare Health Services Homewood  
940 Maple Avenue  
Homewood, IL 60430

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Leslie Miles:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark 11/08
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Post</b>		

Send To: Leslie Miles  
 Manorcare Health Services  
 Homewood  
 or PO Box # 940 Maple Avenue  
 City, State: Homewood, IL 60430

PS Form 3811, August 2004

7009 0820 0001 7434 2988

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <i>X Samuel Conway</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery            7-26-09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Leslie Miles            Manorcare Health Services            Homewood            940 Maple Avenue            Homewood, IL 60430</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from no. <u>7009 0820 0001 7434 2988</u>)</p>	

July 22, 2009

Arnetta Perry  
Margaret Manor  
1121 North Orleans  
Chicago, IL 60610

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Arnetta Perry:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

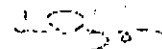
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

7009 0820 0001 7434 2995

U.S. Postal Service...  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only: No Insurance Coverage Provided)*  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44	Postmark	Two
Canada Fee	\$ 8.80		
Return Receipt Fee (Domestic Mail Only)	\$ 3.30		
Registered Mail Fee (Domestic Mail Only)	\$ 5.54		
<b>Total Postage</b>			

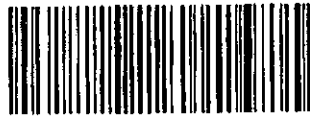
Send to: Arnetta Perry  
 Margaret Manor  
 1121 North Orleans  
 Chicago, IL 60610

Street Address  
 City, State, ZIP

PS Form 3800, 10/2009

**CERTIFIED MAIL™**

Avenue  
0429-0989



7009 0820 0001 7434 2995



UNITED STATES POSTAGE  
 PERMIT NO. 1000 CHICAGO, ILL.  
 07 14 \$ 05.54<sup>00</sup>  
 0004345092 JUL 23 2009  
 MAILED FROM ZIP CODE 60626

**ATTEMPTED  
 NOT KNOWN**

Arnetta Perry  
 Margaret Manor  
 1121 North Orleans  
 Chicago, IL 60610

7/28/09  
 [Handwritten initials]

NIXIE 606 SC 1 22 07/31/09

RETURN TO SENDER  
 ATTEMPTED - NOT KNOWN  
 UNABLE TO FORWARD

BC: 6042909899 \*1542-05400-26-00



[Redacted]  
 604290989



July 22, 2009

Arnette Brandt  
Margaret Manor - North  
940 West Cullom Avenue  
Chicago, IL 60613

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Arnette Brandt:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

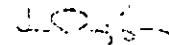
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service -  
CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	.54	
<b>Total Postage</b>	<b>5.54</b>	

7009 0820 0001 7434 3008

Send To: **Amnette Brandt**  
 Street, Apt. #: **Margaret Manor - North**  
 or PO Box #: **940 West Cullom Avenue**  
 City, State, ZIP: **Chicago, IL 60613**

U.S. POSTAL SERVICE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Amnette Brandt</b>  <b>Margaret Manor - North</b>  <b>940 West Cullom Avenue</b>  <b>Chicago, IL 60613</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Amnette Brandt</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery  <b>MARGUERITE WILLIAMS 7/25/09</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No          If YES, enter delivery address below.</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from SA) <b>7009 0820 0001 7434 3008</b></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 10295-02-000-1040</p>	

July 22, 2009

Moshe Davis  
Mayfield Care Center  
5905 West Washington  
Chicago, IL 60644

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Moshe Davis:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

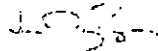
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Conduit Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

Sent To: Moshe Davis  
 Street, Apt. No. or PO Box No.: Mayfield Care Center  
 City, State, ZIP: 5905 West Washington  
 Chicago, IL 60644

PS Form 3811, February 2004

7009 0820 0001 7434 3015

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Moshe Davis  
 Mayfield Care Center  
 5905 West Washington  
 Chicago, IL 60644

2. Article Number  
 (Transfer from a) 7009 0820 0001 7434 3015

PS Form 3811, February 2004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 [Signature]

Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery  
 7/27/09

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

Domestic Return Receipt

102595-02-44-1540

July 22, 2009

Geraldine Wagner  
McAllister Nursing Home  
18300 South Lavergne Avenue  
Tinley Park, IL 60477

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Geraldine Wagner:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><small>Postage</small></td> <td style="width: 50%; text-align: right;">\$ 4.44</td> </tr> <tr> <td><small>Certified Fee</small></td> <td style="text-align: right;">2.80</td> </tr> <tr> <td><small>Return Receipt Fee (Endorsement Required)</small></td> <td style="text-align: right;">2.30</td> </tr> <tr> <td><small>Restricted Delivery Fee (Endorsement Required)</small></td> <td style="text-align: right;">5.54</td> </tr> <tr> <td><b>Total Postage</b></td> <td style="text-align: right;"><b>15.08</b></td> </tr> </table>	<small>Postage</small>	\$ 4.44	<small>Certified Fee</small>	2.80	<small>Return Receipt Fee (Endorsement Required)</small>	2.30	<small>Restricted Delivery Fee (Endorsement Required)</small>	5.54	<b>Total Postage</b>	<b>15.08</b>	<p><small>Postmark Here</small></p>
<small>Postage</small>	\$ 4.44										
<small>Certified Fee</small>	2.80										
<small>Return Receipt Fee (Endorsement Required)</small>	2.30										
<small>Restricted Delivery Fee (Endorsement Required)</small>	5.54										
<b>Total Postage</b>	<b>15.08</b>										

Total Postage **Geraldine Wagner**

Send To **McAllister Nursing Home**  
Street, Apt. No. or P.O. Box No. **18300 South Lavergne Avenue**  
City, State, ZIP **Tinley Park, IL 60477**

PS Form 3800 August 2005 See Reverse for Important Information

7009 0820 0001 7434 3022

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Geraldine Wagner</b>  <b>McAllister Nursing Home</b>  <b>18300 South Lavergne Avenue</b>  <b>Tinley Park, IL 60477</b></p> <p>2. Article Number  <small>(Transfer from)</small> <b>7009 0820 0001 7434 3022</b></p>	<p>A. Signature  </p> <p>B. Received by (Printed Name)  <b>LETTIE M. ADAMS</b></p> <p>C. Date of Delivery  <b>7/28/09</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  <small>If YES, enter delivery address below:</small></p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 10295-01

July 22, 2009

Ralph Ricana  
Meadowbrook Manor  
431 West Remington Boulevard  
Bolingbrook, IL 60440

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Ralph Ricana:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

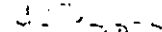
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Positions	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>5.54</b>	

Sent To: **Ralph Ricana**  
**Meadowbrook Manor**  
 Street, Apt. No. or PO Box No. **431 West Remington Boulevard**  
 City, State, ZIP **Bolingbrook, IL 60440**

PS Form 3811, February 2004 SEE REVERSE FOR INSTRUCTIONS

7009 0820 0003 7434 3039

SENDER: COMPLETE THIS SECTION	COMPLETING THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Ralph Ricana</b>  <b>Meadowbrook Manor</b>  <b>431 West Remington Boulevard</b>  <b>Bolingbrook, IL 60440</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent  <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery  <b>Kendi Matthe</b> <input type="checkbox"/> 7/25</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  <small>(Transfer from #)</small></p> <p><b>7009 0820 0003 7434 3039</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



July 22, 2009

Roselisa Rundalian  
Meadowbrook Manor  
720 Raymond Drive  
Naperville, IL 60563

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Roselisa Rundalian:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

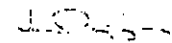
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	3.54	
<b>Total Postage</b>		

7009 0820 0001 7434 3046

**Send To:** Roselisa Rundalian  
Meadowbrook Manor  
720 Raymond Drive  
Naperville, IL 60563

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Roselisa Rundalian  Meadowbrook Manor  720 Raymond Drive  Naperville, IL 60563</p> <p>2. Article Number <u>7009 0820 0001 7434 3046</u>  <small>(Transfer from)</small></p>	<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>TINA NISHA</u> C. Date of Delivery <u>7-8</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<small>PS Form 3811, February 2004      Domestic Return Receipt      10285-02-04-1540</small>	

July 22, 2009

David Shires  
Meadowbrook Manor LaGrange  
339 South 9th Street  
LaGrange, IL 60525

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear David Shires:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

7009 0820 0001 7434 3053

Postage	\$ .44	Payment Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	0.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Send to: **David Shires**  
Meadowbrook Manor LaGrange  
339 South 9th Street  
LaGrange, IL 60525

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">David Shires  Meadowbrook Manor LaGrange  339 South 9th Street  LaGrange, IL 60525</p>	<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>D. BARNICK</b>      Date of Delivery <b>1/11/04</b></p> <p>C. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No  # YES, enter delivery address below.</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from 1)      <b>7009 0820 0001 7434 3053</b></p>	

PS Form 3811, February 2004      Domestic Return Receipt      102585-02-01-1540

July 22, 2009

James Brady  
Methodist Hospital Skilled Care  
5025 North Paulina Street  
Chicago, IL 60640

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear James Brady:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

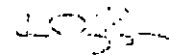
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
 (Domestic Mail Only: No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	.44
Contract Fee	
Return Receipt Fee (Electronically Provided)	2.80
Restricted Delivery Fee (Insurance Provided)	2.30
<b>Total Postage</b>	<b>3.54</b>

Postmark Here

Send To: **James Brady**  
 Recipient: **Methodist Hospital Skilled Care**  
 Street: **5025 North Paulina Street**  
 City/State: **Chicago, IL 60640**

PS Form 3849, September 2002

7009 0220 0007 434 3050

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on this reverse so that we can return the card to you.
- Attach this card to the back of the multipiece, or on the front if space permits.

1. Article Addressed to:

**James Brady**  
**Methodist Hospital Skilled Care**  
**5025 North Paulina Street**  
**Chicago, IL 60640**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *[Signature]*  Agent  Addressee

B. Date of Delivery: *[Date]*

C. Date of Delivery: *[Date]*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.  Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number: \_\_\_\_\_

July 22, 2009

Yohoshua Davis  
Mid America Care Center  
4920 North Kenmore  
Chicago, IL 60640

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Yohoshua Davis:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

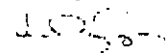
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service™ RECEIPT  
 CERTIFIED MAIL™ (Domestic Mail Only: Return Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	.14
Certified Mail	2.80
Return Receipt Fee (Endorsement Required)	2.30
Registered Mail Fee (Endorsement Required)	5.54

Total Postage: \_\_\_\_\_

Postmark Here

Send to:  
 Yoshoshua Davis  
 Mid America Care Center  
 4920 North Kenmore  
 Chicago, IL 60640

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is checked.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the manila piece, or on the front if space permits.

1. Article Addressed to:  
 Yoshoshua Davis  
 Mid America Care Center  
 4920 North Kenmore  
 Chicago, IL 60640

2. Article Number (Transfer from PS Form 3811, February 2004): **7009 0820 0001, 7434 3077**

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Yoshoshua Davis*

B. Received by (Print Name): *Michelle Drake*

C. Date of Delivery: *7-1-02*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  G.O.D.  
 Restricted Delivery? (Extra Fee)  Yes



July 22, 2009

Tammy Stoneberger  
Midway Neurological / Rehab Center  
8540 South Harlem Avenue  
Bridgeview, IL 60455

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Tammy Stoneberger:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

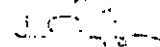
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service<sup>®</sup>**  
**CERTIFIED MAIL<sup>™</sup> RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**POSTAL USE**

Postage	\$ 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	5.54	
<b>Total Postage</b>	<b>5.54</b>	

Send To: **Tammy Stoneberger**  
**Midway Neurological / Rehab**  
**Center**  
 8540 South Harlem Avenue  
 Bridgeview, IL 60455

7009 0820 0001 7434 3084

PS Form 3801

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>Tammy Stoneberger</b>  <b>Midway Neurological / Rehab</b>  <b>Center</b>  <b>8540 South Harlem Avenue</b>  <b>Bridgeview, IL 60455</b></p> <p>2. Article Number: <b>7009 0820 0001 7434 3084</b>  <small>(Transfer from a _____)</small></p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>[Signature]</i></p> <p>B. Received by (Printed Name): <b>Kenneth S. Reisterman</b></p> <p>C. Date of Delivery: <b>2-29-09</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  <small>If YES, enter delivery address below:</small></p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

PS Form 3811, February 2004 108105-02-M-1343

July 22, 2009

Judy Amiamo  
Miller Health Care Center  
1601 Butterfield Trail  
Kankakee, IL 60901

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Judy Amiamo:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

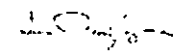
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

7009 0820 0001 7434 3091

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

Sent To: Judy Amiamo  
 Miller Health Care Center  
 1601 Butterfield Trail  
 Kankakee, IL 60901

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Nancy Hubert <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Nancy Hubert <input type="checkbox"/> Date of Delivery 7/27/09</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No        If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Judy Amiamo          Miller Health Care Center          1601 Butterfield Trail          Kankakee, IL 60901</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from 1) 7009 0820 0001 7434 3091</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-1540

July 22, 2009

Wayne Hanik  
Monroe Pavilion Health & Treatment Center  
1400 West Monroe Street  
Chicago, IL 60607

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Wayne Hanik:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 4.44	Postmark Date
Certified Fee	2.80	
Return Receipt Fee (Required in First Class)	2.30	
Restricted Delivery Fee (Required on all Restricted Mail)	5.54	
Total Postage: <b>Wayno Hanik</b>		
Send to: <b>Monroe Pavilion Health &amp; Treatment Center 1400 West Monroe Street Chicago, IL 60607</b>		

PS Form 3800 August 2003 See Reverse for Instructions

7009 0820 0001 7434 3107

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p><b>Wayno Hanik            Monroe Pavilion Health &amp; Treatment            Center            1400 West Monroe Street            Chicago, IL 60607</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number            (From Form 3800)</p> <p><b>7009 0820 0001 7434 3107</b></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail  <input type="checkbox"/> Registered  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Express Mail  <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>PS Form 3811 February 2004 Domestic Return Receipt 10595-02-000-100</p>	

July 22, 2009

Mary F. von Goeben  
Montgomery Place  
5550 South Shore Drive  
Chicago, IL 60637

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Mary F. von Goeben:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

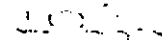
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-215-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44	Payment Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	.54	
<b>Total Post</b>	<b>5.54</b>	

Send To: **Mary F. von Goeben**  
**Montgomery Place**  
**5550 South Shore Drive**  
**Chicago, IL 60637**

PS Form 3811, August 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Mary F. von Goeben            Montgomery Place            5550 South Shore Drive            Chicago, IL 60637</p>	<p>A. Signature <i>M.F. von Goeben</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> A. J. Ressee</p> <p>B. Received by (Printed Name) <i>M. von Goeben</i> C. Date of Delivery <i>7/27/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: <b>7009 0820 0001 7434 3114</b>  <small>(Transfer from ea)</small></p>	
PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt 102595-02-41 1540</span>	



July 22, 2009

Suzanne Day  
Morris Healthcare & Rehabilitation Center  
1338 Clay Street  
Morris, IL 60450

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Suzanne Day:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

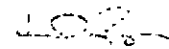
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at: www.usps.com

OFFICIAL USE

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
Total Postage		5.54

Send To: **Suzanne Day**  
**Morris Healthcare & Rehabilitation**  
**Center**  
**1338 Clay Street**  
**Morris, IL 60450**

PS Form 3811, February 2004 August 2009 See Back for Instructions

7009 0820 0001 7434 3121

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Suzanne Day</b>  <b>Morris Healthcare &amp; Rehabilitation</b>  <b>Center</b>  <b>1338 Clay Street</b>  <b>Morris, IL 60450</b></p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/>  <input checked="" type="checkbox"/> Addressee <input type="checkbox"/></p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <u>7/27/19</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p style="font-size: 0.8em;">If YES, other delivery address below: _____</p> <p>2. Article Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>2. Article Number <u>7009 0820 0001 7434 3121</u></p> <p><small>(Transfer from)</small></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-11-1940</p>	

July 22, 2009

Sr. Lucille Madura  
Nazarethville  
300 North River Road  
Des Plaines, IL 60016

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Sr. Lucille Madura:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

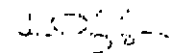
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL... RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	.54	
<b>Total Post</b>		<b>5.54</b>

Sent To: Sr. Lucille Madura  
Nazarethville  
300 North River Road  
Des Plaines, IL 60016

PS Form 3811, February 2004 See the back for instructions

7009 0820 0001 7434 3138

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Sr. Lucille Madura  Nazarethville  300 North River Road  Des Plaines, IL 60016</p>	<p>A. Signature  <i>Robert M. Adams</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Registered by (Printed Name)  <i>JA</i></p> <p>C. Date of Delivery  <i>2/25</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number <span style="float: right;">7009 0820 0001 7434 3138</span>  <small>(Transfer from #)</small></p>	
<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102525-02-M-1940

July 22, 2009

Safet Keljalic  
Norridge Healthcare & Rehab Centre  
7001 West Cullom  
Norridge, IL 60706

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Safet Keljalic:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

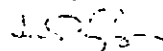
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Receipts Required)	2.30	
Restricted Delivery Fee (E-mailment Required)	5.54	
<b>Total Postage</b>		

**Safet Kejjalic**  
 Norridge Healthcare & Rehab  
 Centre  
 7001 West Cullom  
 Norridge, IL 60706

PS Form 3811 (8-03)

547E 4Eh2 1000 0200 5002

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Safet Kejjalic**  
 Norridge Healthcare & Rehab  
 Centre  
 7001 West Cullom  
 Norridge, IL 60706

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Safet Kejjalic*

B. Received by (Print Name)  Agent  Addressee

C. Date of Delivery  
 11/15/09

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from 3) **7009 0620 0001 7434 3345**

PS Form 3811 (8-03)

July 22, 2009

Burton Behr  
Northwest Home for the Aged  
6300 North California Avenue  
Chicago, IL 60659

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Burton Behr:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

Postage	\$ 44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
<b>Total Post</b>	

Postmark  
Here

7009 0820 0001 7434 3152

Sent To: **Burton Behr**  
 Street Apt. or PO Box: **Northwest Home for the Aged**  
**6300 North California Avenue**  
 City, State: **Chicago, IL 60659**

PS Form 3800, August 2009

**CERTIFIED MAIL**

edzie Avenue  
 nois 60429-0989



7009 0820 0001 7434 3152

UNITED STATES POSTAGE  
 \$ 05.54  
 02 1A  
 0004345092 JUL 23 2009  
 MAILED FROM ZIP CODE 60126

Priority: 0  
 CERT  
 1 of 1  
**TIM DAUGHERTY**

**SOUTH SUBURBAN HOSI**  
**SOUTH SUBURBAN HOSI**



23932

For up to the minute package information use Sbr Receiver.

Burton Behr  
 Northwest Home for the Aged  
 0 North California Avenue  
 Chicago, IL 60659

FORWARD X 608 N7E 1 2091 22 07/27/09  
 NORTHWEST HOME FOR THE AGED  
 6300 N SACRAMENTO AVE STE 1  
 CHICAGO IL 60648-2049

RETURN TO SENDER





July 22, 2009

Michael D. Toohey  
Norwood Crossing  
6016 N. Nina Avenue  
Chicago, IL 60631

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Michael D. Toohey:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

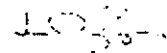
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL... RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$	.44	Postmark Here
Certified Fee		2.80	
Return Receipt Fee (Endorsement Required)		2.30	
Restricted Delivery Fee (Endorsement Required)		5.54	
Total Postage:			
Sent To: Michael D. Toohey			
Norwood Crossing			
Street, Apt. No. or PO Box No. 6016 N. Nina Avenue			
City, State, ZIP+4 Chicago, IL 60631			

PS Form 3800, August 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Michael D. Toohey            Norwood Crossing            6016 N. Nina Avenue            Chicago, IL 60631</p> <p>2. Article Number  <i>(Transfer from 6)</i> 7005 0820 0001 7434 3169</p>	<p>A. Signature</p> <p><i>[Signature]</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>ELISE M. KYLE</i></p> <p>C. Date of Delivery  <i>7/2-7/09</i></p> <p>D. Is delivery address different from item 1?  <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No      If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

July 22, 2009

Joanne Bedrosian  
Oak Brook Health Care Center  
2013 Midwest Road  
Oak Brook, IL 60523

Re: Proposed Discontinuation, Long Term Care Category of Service

Dear Joanne Bedrosian:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

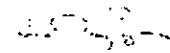
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>SM</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>

Postmark Here

Send To: Joanne Bedrosian  
 Oak Brook Health Care Center  
 2013 Midwest Road  
 Oak Brook, IL 60523

Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4<sup>®</sup>

PS Form 3800, July 2002

7009 0820 0001 7434 3171

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Joanne Bedrosian  
 Oak Brook Health Care Center  
 2013 Midwest Road  
 Oak Brook, IL 60523

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) Joanne Bedrosian  
 Yes  
 No

C. Is delivery address different from item 1?  
 Yes  
 No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Master Form #) 7009 0820 0001 7434 3171

July 22, 2009

Sylvia Edwards  
Oak Forest Hospital  
15900 South Cicero Avenue  
Oak Forest, IL 60452

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Sylvia Edwards:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

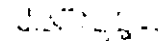
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**HOSPITAL USE**

Package #	44	Postman Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Post</b>		

Send To: **Sylvia Edwards**  
**Oak Forest Hospital**  
**15900 South Cicero Avenue**  
**Oak Forest, IL 60452**

PS Form 3811, February 2004

7009 0820 0001 7434 3183

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p> <input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  <input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.  <input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.         </p> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;"> <b>Sylvia Edwards</b>  <b>Oak Forest Hospital</b>  <b>15900 South Cicero Avenue</b>  <b>Oak Forest, IL 60452</b> </p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Sylvia Edwards</i> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressed</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>S. Edwards</i> <input type="checkbox"/> <b>7/24/09</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from #)</p> <p style="margin-left: 40px;"><b>7009 0820 0001 7434 3183</b></p>	<p>3. Service Type</p> <p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.         </p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-14-1549</p>	

July 22, 2009

Kevin R. Meals  
Oak Park Healthcare Center  
625 North Harlem Avenue  
Oak Park, IL 60302

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Kevin R. Meals:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

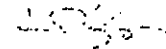
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

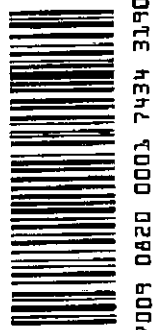
**OFFICIAL USE**

Postage	\$ .44	Payment Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Postal</b>		

Send To: Kevin R. Meals  
 Oak Park Healthcare Center  
 625 North Harlem Avenue  
 Oak Park, IL 60302

PS Form 3800, August 2007

UNITED STATES POSTAGE  
 02 1A \$ 05.540  
 0004345082 JUL 23 2009  
 MAILED FROM ZIP CODE 60126



**ATTEMPTED,  
 NOT KNOWN**

Kevin R. Meals  
 Oak Park Healthcare Center  
 625 North Harlem Avenue  
 Oak Park, IL 60302

**CERTIFIED MAIL**



17800 South Kedzie Avenue  
 Hazel Crest, Illinois 60429-0989

**ATTEMPTED,  
 NOT KNOWN**

*Handwritten:* 7/20/09

**ATTEMPTED,  
 NOT KNOWN**



July 22, 2009

Karen Mayer  
Oak Park Hospital  
520 South Mape Avenue  
Oak Park, IL 60304

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Karen Mayer:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

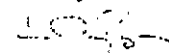
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>5.54</b>	

7009 0820 0001 7434 3206

Sent To: Karen Mayer  
 Street Apt. # or PO Box #: Oak Park Hospital  
 520 South Maple Avenue  
 City, State, ZIP+4: Oak Park, IL 60304

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Karen Mayer            Oak Park Hospital            520 South Maple Avenue            Oak Park, IL 60304</p>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X <i>[Signature]</i></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><i>[Signature]</i> <span style="float: right;">7-27-09</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from a: 7009 0820 0001 7434 3206)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1040</p>	

July 22, 2009

Lynn L. Acerra  
Oakridge Convalescent Home  
323 Oakridge Avenue  
Hillside, IL 60162

Re: Proposed Discontinuation: Long Term Care Category of Service

Dear Lynn L. Acerra:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

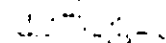
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ <u>1.44</u>	Postmark Here
Certified Fee	<u>2.80</u>	
Return Receipt Fee <small>(Endorsement Required)</small>	<u>2.30</u>	
Restricted Delivery Fee <small>(Endorsement Required)</small>	<u>5.54</u>	
<b>Total Postage:</b>		
Sent To: <u>Lynn L. Acerra</u>		
Street, Apt. No. or PO Box No. <u>Oakridge Convalescent Home</u>		
City, State, ZIP+4® <u>323 Oakridge Avenue</u>		
<u>Hillside, IL 60162</u>		

PS Form 3800 August 2003      See Reverse for Instructions

7009 0820 0001 7434 3213

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:   <u>Lynn L. Acerra</u>  <u>Oakridge Convalescent Home</u>  <u>323 Oakridge Avenue</u>  <u>Hillside, IL 60162</u></p> <p>2. Article Number  <small>(Transfer from us)</small>      <u>7009 0820 0001 7434 3213</u></p>	<p>A. Signature  <input checked="" type="checkbox"/> <u>[Signature]</u>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressed</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <u>[Signature]</u>      <u>JUL 29 2009</u></p> <p>D. To deliver, includes Certificate from item 1? <input type="checkbox"/> Yes          If YES, enter certificate number below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail, or Registered Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004      Domestic Return Receipt      107595-02-M-1540</p>	

July 22, 2009

Jay Lewkowitz  
Oakton Pavilion  
1660 Oakton Place  
Des Plaines, IL 60018

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Jay Lewkowitz:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

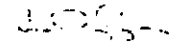
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>SM</sup>  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
 (Domestic Mail Only. No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	.44
Certified Fee	2.80
Return Receipt Fee (Return Receipt Required)	2.30
Restricted Delivery Fee (Restriction Required)	
<b>Total Postage</b>	<b>5.54</b>

Postmark Here

Send To: Jay Lewkowitz  
 Oakton Pavilion  
 1660 Oakton Place  
 Des Plaines, IL 60018

PS Form 3800, 10/2008

7009 0620 0001 7434 3220

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is elected.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Jay Lewkowitz  
 Oakton Pavilion  
 1660 Oakton Place  
 Des Plaines, IL 60018

2. Article Number  
 (Transfer from e 7009 0620 0001 7434 3220)

**COMPLETE THIS SECTION OR DELIVERY**

A. Signature  Agent   
 B. Received by (Printed Name)  Addressee  
 C. Date of Delivery 7/25

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery? (Extra Fee)  Yes

July 22, 2009

Michelle Hart-Carlson  
Our Lady of Angels Retirement Home  
1201 Wyoming Avenue  
Joliet, IL 60436

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Michelle Hart-Carlson:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

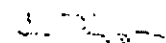
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™ RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**PROFICIAL USE**

Postage	\$ .44
Carriage Fee	2.80
Return Receipt Fee (Endowment Receipts)	2.30
Postage Delivery Fee (Endowment Receipts)	5.54

Postmark Here

To: **Michelle Hart-Carlson**  
**Our Lady of Angels Retirement**  
 Home  
 1201 Wyoming Avenue  
 Joliet, IL 60436

PS Form 3811

7009 0820 0001 7434 3237

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**Michelle Hart-Carlson**  
**Our Lady of Angels Retirement**  
**Home**  
**1201 Wyoming Avenue**  
**Joliet, IL 60436**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature X.L. Good  Agent  Addressee

B. Received by (Printed Name) X.L. Good C. Date of Delivery 2/11/04

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  G.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from 01) **7009 0820 0001 7434 3237**

PS Form 3811, February 2004 Domestic Return Receipt 102-203-02-00-1540



July 22, 2009

Diane Ortolano  
Our Lady of Resurrection Medical Center  
5645 West Addison Street  
Chicago, IL 60634

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Diane Ortolano:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

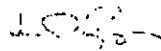
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



July 22, 2009

Lisa Marie Orzada  
Palos Hill Extended Care  
10426 South Roberts  
Palos Hills, IL 60465

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Lisa Marie Orzada:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

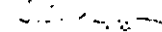
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

7009 0820 0001 7434 3251

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
POSTAGE PAID PERMIT NO. 1142	
Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>\$ 5.54</b>
Sent to: Lisa Marie Orzada Palos Hill Extended Care Street Apt. N 10426 South Roberts City, State, ZIP: Palos Hills, IL 60465	

PS Form 3804

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Sharon Dancy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <i>7-25-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Lisa Marie Orzada          Palos Hill Extended Care          10426 South Roberts          Palos Hills, IL 60465</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from #) <b>7009 0820 0001 7434 3251</b></p>	

July 22, 2009

David Mashiach  
Park House  
2320 South Lawndale  
Chicago, IL 60623

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear David Mashiach:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicant's first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)  
**OFFICIAL USE**

7009 0820 0001 7434 3268

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Send To: David Mashiach  
 Park House  
 2320 South Lawndale  
 Chicago, IL 60623

PS Form 3800

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 David Mashiach  
 Park House  
 2320 South Lawndale  
 Chicago, IL 60623

**COMPLETE THIS SECTION ON DELIVERY**

Signature: [Signature]  Agent Addressed

B. Received by (Printed Name): TONETTE B Gordon 7/27/09 C. Date of Delivery

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> G.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number 7009 0820 0001 7434 3268  
 (Transfer from #)

PS Form 3811, February 2004 Domestic Return Receipt 102565-02-M-1540

July 22, 2009

Rob Weisz  
Park Ridge Care Center  
665 Busse Highway  
Park Ridge, IL 60068

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Rob Weisz:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

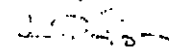
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage</b>	<b>\$ 5.54</b>	

Send To: Rob Weisz  
Park Ridge Care Center  
665 Busse Highway  
Park Ridge, IL 60068

PS Form 3811

7009 0820 0001 7434 3275

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p>Rob Weisz  Park Ridge Care Center  665 Busse Highway  Park Ridge, IL 60068</p>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery  7/27/09</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <b>7009 0820 0001 7434 3275</b></p> <p><small>(Transfer from an</small></p>	
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right; font-size: x-small;">102595-02-00-1540</span></p>	



July 22, 2009

Prakash Navni  
Pershing Convalescent Center  
3900 South Oak Park Avenue  
Berwyn, IL 60402

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Prakash Navni:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44	Postmark None
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsements Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Sent to **Prakash Navni**  
**Pershing Convalescent Center**  
**3900 South Oak Park Avenue**  
**Berwyn, IL 60402**

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Prakash Navni  Pershing Convalescent Center  3900 South Oak Park Avenue  Berwyn, IL 60402</p> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>Prakash Navni</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <b>7009 0820 0001 7434 3282</b></p> <p><small>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01 (1-04)</small></p>	

July 22, 2009

Chaim Rajcherback  
Peterson Park Health Care Center  
6141 North Pulaski Road  
Chicago, IL 60646

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Chaim Rajcherback:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

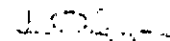
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

<small>Postage</small>	\$ <u>44</u>	<small>Postmark Here</small>
<small>Certified Fee</small>	\$ <u>2.80</u>	
<small>Return Receipt Fee (Endorsement Required)</small>	\$ <u>2.30</u>	
<small>Restricted Delivery Fee (Endorsement Required)</small>		
<small>Total Postage &amp; Fees</small>	\$ <u>5.54</u>	

Sent To **Chaim Rajcherback**  
**Peterson Park Health Care Center**  
**6141 North Pulaski Road**  
**Chicago, IL 60646**

7009 0820 0001 7434 3299

U.S. Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Chaim Rajcherback            Peterson Park Health Care Center            6141 North Pulaski Road            Chicago, IL 60646</p>	<p>A. Signature: <u>[Signature]</u>      <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 10px; width: 100px; margin: 10px auto;">             JUL 27 2005           </div> <p>3. Service Type:</p> <p><input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from #)      <b>7009 0820 0001 7434 3299</b></p>	
<p>PS Form 3811, February 2004      Domestic Return Receipt      102585-02-00-1540</p>	

July 22, 2009

Jim Boyle  
Pinnacle Healthcare of Berwyn  
3601 South Harlem Avenue  
Berwyn, IL 60402

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Jim Boyle:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

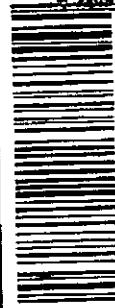
Sent via certified and registered mail.

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 4.44
Certified Mail Fee	2.80
Return Receipt (Hard Copy)	2.30
Registered Mail Fee (Insurance in Excess of \$500)	5.54
<b>Total Postage</b>	<b>15.08</b>

Send to: **Jim Boyle**  
 Pinnacle Healthcare of Benwyn  
 601 South Harlem Avenue  
 City, State, ZIP Benwyn, IL 60402  
 PS Form 3825

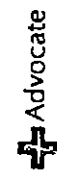
**CERTIFIED MAIL™**



7009 0820 0001 7434 330

UNITED STATES POSTAL SERVICE  
 02 14  
 0019345067  
 \$ 05.50  
 MAILED FROM ZIP CODE 60402

RETURNED TO SENDER  
 UNDELIVERABLE  
 ADDRESS IS INCORRECT  
 601 SOUTH HARLEM AVENUE  
 BENWYN, IL 60402



17800 South Kedzie Avenue  
Hazel Crest, Illinois 60425-0909

For up to the minute package information use Star Receiver.  
 23933  
 SOUTH SUBURBAN HOSI  
 SOUTH SUBURBAN HOSI  
 TIM DAUGHERTY  
 1 of 1  
 Priority 0  
 70090820000174343305  
 US Postal Service  
 RETURN TO SENDER SOUTH SUB  
 7/31/09  
 #17

July 22, 2009

Helen Lacck  
Plaza Terrace  
3249 West 147 Street  
Midlothian, IL 60445

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Helen Lacck:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

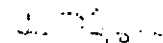
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>SM</sup>  
**CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ 44
Certified Fee	2.80
Return Receipt For Restricted Delivery <sup>SM</sup>	2.30
Restricted Delivery Fee (Information Required)	0.00
<b>Total Postage</b>	<b>5.54</b>

Postmark  
Date

Send To: Helen Lacek  
 Plaza Terrace  
 3249 West 147 Street  
 Midlothian, IL 60445

PS Form 3800

7009 0820 0001 7434 3322

**SENDER, COMPLETE THIS SECTION**

1. Article Addressed to:  
 Helen Lacek  
 Plaza Terrace  
 3249 West 147 Street  
 Midlothian, IL 60445

2. Article Number (Transfer from 801) 7009 0820 0001 7434 3322

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery \_\_\_\_\_

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below: \_\_\_\_\_

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 Signature  
 Express Mail  
 Return Receipt for Merchandise  
 C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes



July 22, 2009

Audrey L. Klopp  
Plymouth Place  
315 North LaGrange Road  
LaGrange Park, IL 60526

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Audrey L. Klopp:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

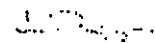
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

FREE HENT 0000 0000 0000

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee <small>(Endorsement Required)</small>	2.30
Restricted Delivery Fee <small>(Endorsement Required)</small>	
<b>Total Postage</b>	<b>5.54</b>

Postmark Here

Sent To: **Audrey L. Klopp**  
**Plymouth Place**  
**315 North LaGrange Road**  
**LaGrange Park, IL 60526**

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>Audrey L. Klopp</b>  <b>Plymouth Place</b>  <b>315 North LaGrange Road</b>  <b>LaGrange Park, IL 60526</b></p>	<p>A. Signature  X <i>May Holden</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery    <b>7/28/09</b></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No    <i>Jul 28 2009</i></p>
<p>2. Article Number  <small>(Transfer from 65)</small>      <b>7009 0820 0001 7434 3329</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004      Domestic Return Receipt      102295-02 N-1540

July 22, 2009

Charles Slagle  
Prairie Manor Nursing & Rehab Center  
345 Dixie Highway  
Chicago Heights, IL 60411

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Charles Slagle:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

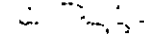
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

July 22, 2009

Michael Rosen  
Presidential Pavilion  
8001 South Western Avenue  
Chicago, IL 60620

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Michael Rosen:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

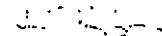
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .44	Postmark None
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

7009 0820 0001 7434 3343

Send To: Michael Rosen  
 Presidential Pavilion  
 8001 South Western Avenue  
 Chicago, IL 60620

PS Form 3806

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Michael Rosen            Presidential Pavilion            8001 South Western Avenue            Chicago, IL 60620</p> <p>2. Article Number  <small>(Transfer from 6)</small> 7009 0820 0001 7434 3343</p>	<p>A. Signature  <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1040</p>	

July 22, 2009

Carol D. McIntyre  
Provena Heritage Village  
901 North Entrance  
Kankakee, IL 60901

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Carol D. McIntyre:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

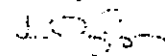
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	0.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.54

Postmark Here

Sent To: Carol D. McIntyre  
 Provena Heritage Village  
 901 North Entrance  
 Kankakee, IL 60901

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>x Honna [Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <u>7-27-09</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Carol D. McIntyre          Provena Heritage Village          901 North Entrance          Kankakee, IL 60901</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from s) <u>7009 0820 0001 7434 3350</u></p>	

July 22, 2009

Melissa K. Adams  
Provena Our Lady of Victory  
20 Briarcliff Lane  
Bourbonnais, IL 60914

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Melissa K. Adams:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

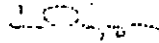
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



**U.S. Postal Service<sup>SM</sup>  
CERTIFIED MAIL<sup>SM</sup> RECEIPT**  
(Domestic Mail Only - No Insured Coverage Provided)

For delivery information, visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

7009 0820 0001 7000 0290 6007  
29EE 4E4Z 7000 0290 6007

Postage	\$ 4.44	Postnet	None
Certified Fee	2.80		
Return Receipt Fee (Requirement Required)	2.30		
Registered Delivery Fee (Requirement Required)	5.54		
<b>Total Postage &amp; Fees</b>			

Send To  
Melissa K. Adams  
Provena Our Lady of Victory  
20 Briarcliff Lane  
Bourbonnais, IL 60914

PS Form 3800

**SENDER: COMPLETE THIS SECTION!**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Melissa K. Adams  
Provena Our Lady of Victory  
20 Briarcliff Lane  
Bourbonnais, IL 60914

5 Article Number

0000 0000 0000 0000 0000 0000

7000 0290 6007

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent   
 Addressee
- B. Received By (Printed Name) LAKE C. Date of Delivery 7/27/14
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below.

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes  No

July 22, 2009

Ann Dodge  
Provena Villa Franciscan  
210 North Springfield Avenue  
Joliet, IL 60435

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Ann Dodge:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

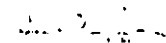
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>5.54</b>	

Send To: Ann Dodge  
 Provena Villa Franciscan  
 210 North Springfield Avenue  
 Joliet, IL 60435

7009 0820 0001 7434 3374

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ann Dodge  
 Provena Villa Franciscan  
 210 North Springfield Avenue  
 Joliet, IL 60435

2. Article Number  
 (Transfer from ser) 7009 0820 0001 7434 3374

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*[Signature]*

B. Received by (Printed Name) C. Date of Delivery  
 E. PEGDON 7-27-09

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below.

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

July 22, 2009

Charlene Hill-Jeon  
Rainbow Beach Care Center  
7325 South Exchange  
Chicago, IL 60649

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Charlene Hill-Jeon:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

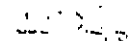
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

U.S. POSTAGE

Postage	\$ 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>5.54</b>	

Sent to: **Charlene Hill-Jeon**  
**Rainbow Beach Care Center**  
**7325 South Exchange**  
**Chicago, IL 60649**

PS Form 3800, August 2003

7009 0820 0001 7434 3381

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="text-align: center;">Charlene Hill-Jeon  Rainbow Beach Care Center  7325 South Exchange  Chicago, IL 60649</p> <p>2. Article Number  <i>(Transfer from service)</i>      7009 0820 0001 7434 3381</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>J. Demaris</i>      <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name)      C. Date of Delivery</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>

July 22, 2009

Sandy Williams  
Regal Health and Rehab Center  
j9525 South Mayfield  
Oak Lawn, IL 60453

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Sandy Williams:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

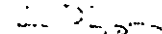
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark None
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Send To: **Sandy Williams**  
**Regal Health and Rehab Center**  
 Street, Apt. No. or PO Box No. **19525 South Mayfield**  
 City, State, ZIP **Oak Lawn, IL 60453**

PS Form 3800

7009 0820 0001 7434 3398

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received By (Printing Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>Sandy Williams</b>  <b>Regal Health and Rehab Center</b>  <b>19525 South Mayfield</b>  <b>Oak Lawn, IL 60453</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p> <p><b>7009 0820 0001 7434 3398</b></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-01-1540

July 22, 2009

Miron Tabic  
Regency Healthcare & Rehab Center  
6631 Milwaukee Avenue  
Niles, IL 60714

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Miron Tabic:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

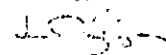
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 4.44	Payment Here
Declared Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
Total Postage & Fees		

Sent to: Miron Tabic  
 Regency Healthcare & Rehab  
 Street, Apt. 201, Center  
 or PO Box No. 6631 Milwaukee Avenue  
 Chicago, IL 60714

7009 0820 0001 7434 3404

**CERTIFIED MAIL™**



17800 South Kedzie Avenue  
Hazel Crest, Illinois 60429-0989



7009 0820 0001 7434 3404



*Handwritten signature and date: 10/16/09*

Miron Tabic  
Regency Healthcare & Rehab  
Center  
6631 Milwaukee Avenue

606 SC 1 22 08/11/09  
RETURN TO SENDER  
UNABLE TO FORWARD

DC: 50429090999 #2942-02649-11-09

5042909099

July 22, 2009

Juli Foy  
Renaissance at 87th Street  
2940 West 87th Street  
Chicago, IL 60652

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Juli Foy:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

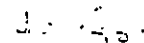
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage \$</b>	<b>5.54</b>	

Sent to: **Juli Foy**  
Renaissance at 87th Street  
2940 West 87th Street  
Chicago, IL 60652

PS Form 3811, February 2004

7009 0620 0001 7434 3411

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee  <i>Elicia Jones</i></p> <p>B. Received by (Printed Name)  <i>Elicia Jones</i></p> <p>C. Date of Delivery  <i>7/25/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><b>Juli Foy</b>  Renaissance at 87th Street  2940 West 87th Street  Chicago, IL 60652</p>	<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p> <p><b>7009 0620 0001 7434 3411</b></p>	

July 22, 2009

Margo Martinez  
Renaissance at Midway  
4437 South Cicero  
Chicago, IL 60632

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Margo Martinez:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

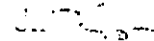
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

7009 0820 0001 7434 3428

**U.S. Postal Service<sup>™</sup>**  
**CERTIFIED MAIL<sup>™</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**U.S. POSTAL SERVICE**

Postage	\$ .44	Form Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Postage</b>	<b>8.98</b>	

Send To: **Margo Martinez**  
**Renaissance at Midway**  
 Street, Apt. No., or PO Box No.: **4437 South Cicero**  
 City, State, ZIP+4: **Chicago, IL 60632**

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY:
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Carl Simmons</i> Agent Addressee</p> <p>B. Received by (Printed Name) <i>Carl Simmons</i> C. Date of Delivery <i>07-05-11</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>Margo Martinez</b>  <b>Renaissance at Midway</b>  <b>4437 South Cicero</b>  <b>Chicago, IL 60632</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p> <p><b>7009 0820 0001 7434 3428</b></p>	
PS Form 3811, February 2004	Domestic Return Receipt 10293-C2-M-1540

July 22, 2009

Dave Schechter  
Renaissance at South Shore  
2425 East 71st Street  
Chicago, IL 60649

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Dave Schechter:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

Postage \$	.44
Certified Fee	2.80
Return Receipt Fee <small>(Encouragement Required)</small>	2.30
Restricted Delivery Fee <small>(Encouragement Required)</small>	
<b>Total Postage &amp; Fees</b>	<b>5.54</b>

Postmark  
None

Sent To: Dave Schechter  
 Renaissance at South Shore  
 2425 East 71st Street  
 Chicago, IL 60649

PS Form 3811

7009 0820 0001 7434 3435

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Dave Schechter            Renaissance at South Shore            2425 East 71st Street            Chicago, IL 60649</p> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature  <input checked="" type="checkbox"/> Addressee <input type="checkbox"/> Agent  <i>X Candace Mo...</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Addressee <input type="checkbox"/> Agent</p> <p>C. Date of Delivery            7/28/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 3435</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102593-02-04-10</p>	

July 22, 2009

Carol Shaw-Burns  
Rest Haven Central  
13259 South Central Avenue  
Palos Heights, IL 60463

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Carol Shaw-Burns:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

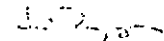
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage &amp; Fees</b>	<b>5.54</b>	

Send to: Carol Shaw-Burns  
Rest Haven Central  
13259 South Central Avenue  
Palos Heights, IL 60463

PS Form 3808, April 2004

7009 0820 0001 7434 3442

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Carol Shaw-Burns  Rest Haven Central  13259 South Central Avenue  Palos Heights, IL 60463</p> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature  X <i>M. Burnson</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery  Yvonne M. Burnson</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes  If YES, enter delivery address below. <input type="checkbox"/> No</p> <p>3. Sorted Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 3442</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102585-02-M-1540</p>	

July 22, 2009

Nancy VanDrunen  
Rest Haven South  
16300 Wausau Avenue  
South Holland, IL 60473

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Nancy VanDrunen:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

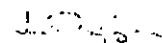
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**ARTIFICIAL INTELLIGENCE**

Postage	\$ .44	Postmark None
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage /	5.54	

Sent To: Nancy VanDrunen  
 Rest Haven South  
 16300 Wausau Avenue  
 City, State, ZIP: South Holland, IL 60473

PS Form 3820 August 2004

7009 0820 0001 7434 3459

SENDER: COMPLETE THIS SECTION:	COMPLETE THIS SECTION ON DELIVERY:
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature            x <i>Carrie Siersema</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Carrie Siersema</i></p> <p>C. Date of Delivery <i>7/28/09</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Nancy VanDrunen            Rest Haven South            16300 Wausau Avenue            South Holland, IL 60473</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label)</p>	<p>7009 0820 0001 7434 3459</p>

July 22, 2009

Jacquelyn L. Terpstra  
Rest Haven West  
3450 Saratoga Avenue  
Downers Grove, IL 60515

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Jacquelyn L. Terpstra:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

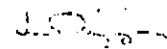
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only, No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

Sent to: Jacquelyn L. Terpstra  
 Rest Haven West  
 3450 Saratoga Avenue  
 Downers Grove, IL 60515

PS Form 3811

7009 0820 0001 7434 3466

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>J. Terpstra</i> <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ Date of Delivery _____</p> <p>D. Is delivery location different from item 1? <input checked="" type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Jacquelyn L. Terpstra          Rest Haven West          3450 Saratoga Avenue          Downers Grove, IL 60515</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number (Transfer from service label)</p> <p>7009 0820 0001 7434 3466</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

July 22, 2009

Nancy Razo  
Resurrection Life Center  
7370 West Talcott  
Chicago, IL 60631

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Nancy Razo:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

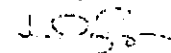
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>

Postmark Here

Sent to: Nancy Razo  
 Resurrection Life Center  
 7370 West Talcott  
 Chicago, IL 60631

7009 0820 0001 7434 3473

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received By (Printed Name) <u>A. Diaz</u> Date of Delivery <u>7/27/09</u></p> <p>D. Is this item a Restricted Mail item from item 1? <input type="checkbox"/> Yes  <input type="checkbox"/> No          Address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Nancy Razo          Resurrection Life Center          7370 West Talcott          Chicago, IL 60631</p>	<p>2. Service Selected</p> <p><input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7009 0820 0001 7434 3473</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102503-02-04-1540</p>

July 22, 2009

Anthony Madl  
Resurrection Nursing & Rehab Center  
1001 North Greenwood Avenue  
Park Ridge, IL 60068

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Anthony Madl:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

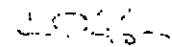
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only - No Insurance Coverage Provided)  
 For delivery information, visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	1.11	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>5.54</b>	

Send to  
**Anthony Madi**  
**Resurrection Nursing & Rehab**  
**Center**  
**1001 North Greenwood Avenue**  
**Park Ridge, IL 60068**

7009 0820 0001 7434 3480

**SENDER - COMPLETE THIS SECTION**

1. Article Addressed to:  
**Anthony Madi**  
**Resurrection Nursing & Rehab**  
**Center**  
**1001 North Greenwood Avenue**  
**Park Ridge, IL 60068**

2. Article Number  
 (Transfer from carrier label)  
**7009 0820 0001 7434 3480**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee  
 B. Received by (Printed Name) **Anthony Madi**  
 C. Date of Delivery **7-28-07**  
 D. Is delivery address different from item 1?  Yes  
 No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  
 Registered  
 Insured Mail  
 C.O.D.  
 Express Mail  
 Return Receipt for Merchandise  
 Restricted Delivery? (Extra Fee)  Yes

4. Article Number  
 (Transfer from carrier label)  
**7009 0820 0001 7434 3480**

102525-02-01-1540  
 Domestic Return Receipt

July 22, 2009

Daniel Elkaim  
Ridgeland Nursing & Rehab Center  
12550 South Ridgeland Avenue  
Palos Heights, IL 60463

Re: Proposed Discontinuation: Long Term Care Category of Service

Dear Daniel Elkaim:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:


Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>

Postmark  
Here

**Sent To**  
 Daniel Elkaim  
 Ridgeland Nursing & Rehab Center  
 12550 South Ridgeland Avenue  
 Palos Heights, IL 60463

PS Form 3811

7009 0820 0001 7434 3497

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Daniel Elkaim            Ridgeland Nursing &amp; Rehab Center            12550 South Ridgeland Avenue            Palos Heights, IL 60463</p> <p>2. Article Number  <i>(Transfer from service label)</i> <b>7009 0820 0001 7434 3497</b></p>	<p>A. Signature  <i>[Signature]</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Pepita Humpal</i></p> <p>C. Date of Delivery  <i>7/27/08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102993-02-00-154</p>	

July 22, 2009

Catherine Ashton  
Riviera Manor  
490 West 16th Place  
Chicago Heights, IL 60411

Re: Proposed Discontinuation: Long Term Care Category of Service

Dear Catherine Ashton:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

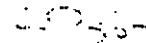
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7009 0620 0001 7434 3503

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	
Sent to	Catherine Ashton Riviera Manor 490 West 16th Place Chicago Heights, IL 60411	
Special Ad. No. or PO Box No.		
City, State, ZIP		
PS Form 3830		

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Catherine Ashton  
Riviera Manor  
490 West 16th Place  
Chicago Heights, IL 60411

2. Article Number

7009 0620 0001 7434 3503

*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
X *Catherine Ashton*  Agent  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Antoinette Hurlay 1-27-04*

D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004

Domestic Return Receipt

107565-02-41-1540

July 22, 2009

Siser M. Natalie Pekua, OP  
Rosary Hill Home  
9000 West 81st Street  
Justice, IL 60458

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Siser M. Natalie Pekua, OP:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

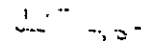
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$	44	Postmark Here
Certificate Fee		2.80	
Return Receipt Fee (Endorsement Required)		2.30	
Restricted Delivery Fee (Endorsement Required)			
<b>Total Postage</b>		<b>5.54</b>	

Sent To: Siser M. Natalie Pekua, OP  
 Rosary Hill Home  
 9000 West 81st Street  
 Justice, IL 60458

PS Form 3800

7009 0820 0001 7434 3510

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Siser M. Natalie Pekua, OP            Rosary Hill Home            9000 West 81st Street            Justice, IL 60458</p>	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressed</p> <p>X <i>Rita Lukin</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Rita Pekua</i> <i>7/25/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No            If YES, enter delivery address below:</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p style="text-align: center; font-weight: bold;">7009 0820 0001 7434 3510</p>
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-01-1540

July 22, 2009

William Matjasich  
Rosewood Care Center  
3401 Hennepin Drive  
Joliet, IL 60431

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear William Matjasich:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:


Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



**U.S. Postal Service**  
**CERTIFIED MAIL... RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

7009 0820 0001 7434 3527

Sent To: **William Matjasich**  
**Rosewood Care Center**  
 Street, Apt. No. or PO Box No. **3401 Hennepin Drive**  
 City, State, Zip **Joliet, IL 60431**

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;"><b>William Matjasich</b>  <b>Rosewood Care Center</b>  <b>3401 Hennepin Drive</b>  <b>Joliet, IL 60431</b></p>	<p>A. Signature <i>[Signature]</i> <span style="float: right;">Agent Address</span></p> <p>B. Received by (Printed Name) <i>[Signature]</i> <span style="float: right;">C. Date of Delivery</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number <small>(Transfer from service label)</small></p> <p style="text-align: center; font-weight: bold;">7009 0820 0001 7434 3527</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004      Domestic Return Receipt      102995-02-04-1540

July 22, 2009

Mardelle Gibbs  
Sacred Heart Home  
1550 South Albany  
Chicago, IL 60623

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Mardelle Gibbs:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

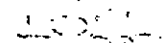
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

HESE HEH2 7434 3534  
7009 0820 0001 0280 6001

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Send To: **Mardelle Gibbs**  
 Sacred Heart Home  
 1550 South Albany  
 Chicago, IL 60623

PS Form 3817

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;"><b>Mardelle Gibbs</b>  <b>Sacred Heart Home</b>  <b>1550 South Albany</b>  <b>Chicago, IL 60623</b></p> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature  <i>Mardelle Gibbs</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery  <u>4/27/09</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes      If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered Mail <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 3534</p>	
<p>PS Form 3817, February 2004 Domestic Return Receipt 102585-02-01-1540</p>	

July 22, 2009

Kelly Hooper  
Salem Village Nursing & Rehab  
1314 Rowell Avenue  
Joliet, IL 60433

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Kelly Hooper:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

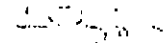
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7009 0820 0001 7434 3541

Postage	\$	44	Postmark Here
Certified Fee		2.80	
Return Receipt Fee (Endorsement Required)		2.30	
Restricted Delivery Fee (Endorsement Required)			
<b>Total Postage</b>		<b>5.54</b>	

Send To: Kelly Hooper  
Salem Village Nursing & Rehab  
1314 Rowell Avenue  
Joliet, IL 60433

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Kelly Hooper  Salem Village Nursing &amp; Rehab  1314 Rowell Avenue  Joliet, IL 60433</p> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>A. Signature  x <i>Alison Heermark</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  Alison Heermark</p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
7009 0820 0001 7434 3541	
PS Form 3811, February 2004	Domestic Return Receipt

July 22, 2009

David Rahija  
Schwab Rehabilitation Hospital  
1401 S. California Avenue  
Chicago, IL 60608

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear David Rahija:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

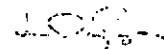
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.


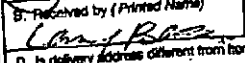
If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee 	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
David Rahija Schwab Rehabilitation Hospital 1401 S. California Avenue Chicago, IL 60608			
2. Article Number (Transfer from service label)		D. Is delivery address different from form 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
7009 0820 0003 7434 3558			
PS Form 3811, February 2004		Domestic Return Receipt	
		10269-02-01-1549	

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>5.54</b>	

Sent To: David Rahija  
Street, Apt. No.: Schwab Rehabilitation Hospital  
or PO Box No.: 1401 S. California Avenue  
City, State, ZIP: Chicago, IL 60608

PS Form 3826, 2004

July 22, 2009

Lynn Elker  
Scottish Old Peoples Home  
28th & DesPlaines Avenue  
North Riverside, IL 60546

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Lynn Elker:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

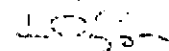
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service  
**CERTIFIED MAIL... RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.54

Postmark Here

7009 0820 0001 7434 3565

Send To: Lynn Elker  
 Scottish Old Peoples Home  
 28th & DesPlaines Avenue  
 North Riverside, IL 60546

US Form 3811

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Addressee's Name: Lynn Elker  
 Scottish Old Peoples Home  
 28th & DesPlaines Avenue  
 North Riverside, IL 60546

2. Article Number (Transfer from service label): 7009 0820 0001 7434 3565

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: *Mary Kaus*  Agent  Addressee

B. Received by (Printed Name): *MARY KAUS*

C. Date of Delivery: *2/21/05*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type:  Certified Mail  Express Mail  Registered  Return Receipt for Merchandise  Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 702595-02-46-1840

July 22, 2009

Hedy Ciocci  
Selfhelp Home of Chicago  
908 West Argyle Street  
Chicago, IL 60640

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Hedy Ciocci:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

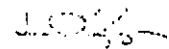
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Hedy Ciocci  
 Selfhelp Home of Chicago  
 908 West Argyle Street  
 Chicago, IL 60640

2. Article Number  
 (Transfer from service label) 7009 0820 0003 7434 3572  
 PS Form 3871, February 2003 Domestic Return Receipt

**COMPLETE THIS SECTION BY DELIVERY**

A. Signature  
 [Signature]

B. Received by (Printed Name)  
 [Signature]

C. Date of Delivery  
 2/27/03

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below: 0640 0655

3. Sender Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ .44
Original Fee	2.80
Return Receipt Fee (Postage not required)	2.30
Restricted Delivery Fee (Endorsement required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>

Postmark Here

0820 0002 7434 3572

July 22, 2009

Corey Nigro  
Sheridan Shores Care & Rehab  
5838 North Sheridan Road  
Chicago, IL 60660

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Corey Nigro:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

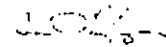
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT  
(Domestic Mail Only: No Insurance Coverage Provided)  
For delivery information, visit our website at www.usps.com**

**OFFICIAL USE**

Postmark Date	
Postage \$	.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	5.54
Item No	Corey Nigro
Sender Name	Sheridan Shores Care & Rehab
Street Address	5838 North Sheridan Road
City, State, ZIP+4®	Chicago, IL 60660

7009 0820 0002 7434 2569

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Corey Nigro Sheridan Shores Care &amp; Rehab 5838 North Sheridan Road Chicago, IL 60660</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/>  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____          Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below.</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
---	--

2. Article Number

July 22, 2009

Joseph Osina  
Sherwin Manor Nursing Center  
7350 North Sheridan Road  
Chicago, IL 60626

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Joseph Osina:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

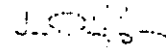
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ .44	Postmark Date
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Postage &amp; Fees</b>	<b>8.98</b>	

Sent to: **Joseph Osina**  
 Sherwin Manor Nursing Center  
 Street, Apt. No. or PO Box No. **7350 North Sheridan Road**  
 City, State, ZIP+4<sup>®</sup> **Chicago, IL 60626**

7009 0820 0001 7434 3596

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signed by <i>[Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>7/27/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p><b>Joseph Osina</b>  <b>Sherwin Manor Nursing Center</b>  <b>7350 North Sheridan Road</b>  <b>Chicago, IL 60626</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label) <b>7009 0820 0001 7434 3596</b></p>	

PS Form 3811, February 2004 Domestic Return Receipt 102985-02-M-1040

July 22, 2009

Joan M. Willey  
Skokie Meadows Nursing Center II  
4600 West Golf Road  
Skokie, IL 60076

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Joan M. Willey:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

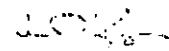
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 0620 0001 7434 3602

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>5.54</b>

Postmark  
Here

Sent to: **Joan M. Willey**  
**Skokie Meadows Nursing Center II**  
 Street Apt. # or PO Box # **4600 West Golf Road**  
 City, State, ZIP **Skokie, IL 60076**

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**Joan M. Willey**  
**Skokie Meadows Nursing Center II**  
**4600 West Golf Road**  
**Skokie, IL 60076**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery  
**7-25**

D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7009 0620 0001 7434 3602**

July 22, 2009

Frank Guajardo  
Smith Crossing  
10501 Emilie Lane  
Orland Park, IL 60467

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Frank Guajardo:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

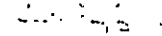
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	6	.44	Postmark Here
Certified Fee		2.80	
Return Receipt Fee (Endorsement Required)		2.30	
Restricted Delivery Fee (Endorsement Required)			
<b>Total Postage &amp; Fees</b>		<b>5.54</b>	

Sent To: Frank Guajardo  
 Street, Apt. No. or PO Box No.: Smith Crossing  
 10501 Emilie Lane  
 City, State, ZIP: Orland Park, IL 60467

PS Form 3811

7009 0820 0001 7434 3619

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input checked="" type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>(Receptionist)</i>  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <i>7-25-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Frank Guajardo          Smith Crossing          10501 Emilie Lane          Orland Park, IL 60467</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p><i>(Transfer from service label)</i></p>	<p>7009 0820 0001 7434 3619</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt <span style="float: right;">702385-02-04-1540</span></p>

July 22, 2009

Delnaz Vazifdar  
Snow Valley Nursing & Rehab Center  
5000 Lincoln Avenue  
Lisle, IL 60532

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Delnaz Vazifdar:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

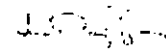
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service ...  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Postage</b>		

Sent To: **Delnaz Vazifdar**  
**Snow Valley Nursing & Rehab**  
**Center**  
**5000 Lincoln Avenue**  
**Lisle, IL 60532**

PS Form 3811, February 2004

7009 0820 0001 7434 3626

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  X <i>Delnaz Vazifdar</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span>  <i>TERRY CREMA</i> <span style="float: right;">7-27</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;"><b>Delnaz Vazifdar</b>  <b>Snow Valley Nursing &amp; Rehab</b>  <b>Center</b>  <b>5000 Lincoln Avenue</b>  <b>Lisle, IL 60532</b></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p style="text-align: center; font-size: large;">7009 0820 0001 7434 3626</p>

July 22, 2009

Jeremy Boshes  
Somerset Place  
5009 North Sheridan  
Chicago, IL 60640

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Jeremy Boshes:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

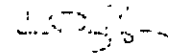
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ <u>44</u>
Certified Fee	<u>2.80</u>
Return Receipt Fee <small>(Endorsement Required)</small>	<u>2.30</u>
Restricted Delivery Fee <small>(Endorsement Required)</small>	
<b>Total Postage &amp; Fees</b>	<b>\$ <u>5.54</u></b>

Postmark  
Here

7009 0820 0001 7434 3633

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Jeremy Boshes  Somerset Place  5009 North Sheridan  Chicago, IL 60640</p> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature  <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery  <u>7/25/09</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 3633</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

July 22, 2009

Timothy Drummond  
South Shore Nursing & Rehab Center  
2649 East 75th Street  
Chicago, IL 60649

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Timothy Drummond:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



**U.S. Postal Service**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

Postage	\$ 44	Payment Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>5.54</b>	

7009 0620 0001 7434 3640

Sent to: Timothy Drummond  
 South Shore Nursing & Rehab  
 Center  
 Street, Apt. No. or PO Box No. 2649 East 75th Street  
 City, State, ZIP+4<sup>®</sup> Chicago, IL 60649

PS Form 3800

<p><b>SENDER: COMPLETE THIS SECTION.</b></p> <ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Timothy Drummond          South Shore Nursing &amp; Rehab          Center          2649 East 75th Street          Chicago, IL 60649</p> <p>2. Article Number          (Transfer from service label)</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY.</b></p> <p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery          T. Drummond 7/27/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	---

7009 0620 0001 7434 3640

PS Form 3811, February 2004 Domestic Return Receipt 10296-02-01-1540

July 22, 2009

Clarence Boykin  
South Suburban Rehab Center  
19000 Halsted Street  
Homewood, IL 60430

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Clarence Boykin:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

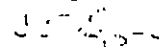
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



July 22, 2009

Gloria L. Green  
Southview Manor  
3311 South Michigan Avenue  
Chicago, IL 60616

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Gloria L. Green:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

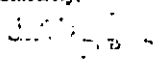
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ 44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Enclosure Required)	2.30	
Restricted Delivery Fee (Enclosure Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

7009 0820 0003 7434 3664

Sent To: Gloria L. Green  
 Southview Manor  
 3311 South Michigan Avenue  
 Chicago, IL 60616

Special Apt. No.  
 or PO Box No.  
 City, State, ZIP

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Gloria L. Green            Southview Manor            3311 South Michigan Avenue            Chicago, IL 60616</p> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>G. D. Carter</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">Date of Delivery <i>03/1/05</i></span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0820 0003 7434 3664</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102593-02-44-1540</p>	

July 22, 2009

Nancy Park  
St. Agnes Health Care Center  
1725 South Wabash  
Chicago, IL 60616

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Nancy Park:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1. Article Addressed to:</p> <p style="text-align: center;">Nancy Park St. Agnes Health Care Center 1725 South Wabash Chicago, IL 60616</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressed</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p>
<p>2. Article Number (Transfer from service label)</p> <p style="text-align: center;">7009 0820 000J 7434 367J</p>	<p>3. Service Type <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>PS Form 3811, February 2004 <span style="float: right;">PSN 7525-02-000-1000</span></p>	

U.S. Postal Service™ CERTIFIED MAIL™ RECEIPT (Domestic Mail Only: No Insurance Coverage Provided)																
For delivery information visit our website at www.usps.com																
<b>OFFICIAL USE</b>																
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">Postage</td> <td style="width: 30%;">\$ .44</td> <td style="width: 40%;">Postmark Here</td> </tr> <tr> <td>Certified Fee</td> <td>2.80</td> <td></td> </tr> <tr> <td>Return Receipt Fee (Enhancement Required)</td> <td>2.30</td> <td></td> </tr> <tr> <td>Registered Delivery Fee (Enhancement Required)</td> <td></td> <td></td> </tr> <tr> <td><b>Total Postage &amp; Fees</b></td> <td><b>\$ 5.54</b></td> <td></td> </tr> </table>	Postage	\$ .44	Postmark Here	Certified Fee	2.80		Return Receipt Fee (Enhancement Required)	2.30		Registered Delivery Fee (Enhancement Required)			<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>		<p>SENT TO: Nancy Park St. Agnes Health Care Center 1725 South Wabash Chicago, IL 60616</p>
Postage	\$ .44	Postmark Here														
Certified Fee	2.80															
Return Receipt Fee (Enhancement Required)	2.30															
Registered Delivery Fee (Enhancement Required)																
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>															

July 22, 2009

Nancy Melia-Oliver  
St. Andrew Life Center  
7000 North Newark  
Niles, IL 60714

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Nancy Melia-Oliver:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

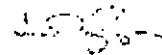
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage</b>	<b>\$ 5.54</b>	

Send To: Nancy Mella-Oliver  
 St. Andrew Life Center  
 7000 North Newark  
 Niles, IL 60714

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <i>X A Tolentino</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>A Tolentino</i></p> <p>C. Date of Delivery  <i>9/29/07</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Nancy Mella-Oliver          St. Andrew Life Center          7000 North Newark          Niles, IL 60714</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Registered Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>7009 0820 0003 7434 0001</p>

July 22, 2009

Peter Goschy  
St. Benedict Nursing & Rehab Center  
6930 West Touhy Avenue  
Niles, IL 60714

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Peter Goschy:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

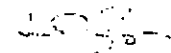
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee <small>(Endorsement Required)</small>	2.30
Restricted Delivery Fee <small>(Endorsement Required)</small>	5.54
<b>Total Postage</b>	<b>8.98</b>

Postmark  
Here

Sent to: Peter Goschy  
 St. Benedict Nursing & Rehab  
 Center  
 6930 West Touhy Avenue  
 Niles, IL 60714

PS Form 3811

7009 0820 0001 7434 3695

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature            x <u>Christian Peter</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ Date of Delivery <u>7-25-9</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No            If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p style="padding-left: 20px;">Peter Goschy            St. Benedict Nursing &amp; Rehab            Center            6930 West Touhy Avenue            Niles, IL 60714</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7009 0820 0001 7434 3695</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102895-02-01-1540</p>	

July 22, 2009

Suzanne Lambert  
St. Elizabeth Hospital - Skilled Nursing  
1431 North Claremont  
Chicago, IL 60622

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Suzanne Lambert:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

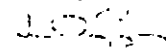
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Send To: Suzanne Lambert  
 St. Elizabeth Hospital - Skilled  
 Nursing  
 City, State, ZIP: 1431 North Claremont  
 Chicago, IL 60622

PS Form 3811, 3/00

7009 0820 0001 7434 3701

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Suzanne Lambert            St. Elizabeth Hospital - Skilled            Nursing            1431 North Claremont            Chicago, IL 60622</p> <p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>A. Signature <i>[Signature]</i> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X</p> <p>B. Received by (Printed Name) <i>[Signature]</i> C. Date of Delivery <i>7/27/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 3701</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 10295-02-01-1540</p>	

July 22, 2009

Gwendolyn Toney  
St. James Manor & Villa  
1251 East Richton Road  
Crete, IL 60417

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Gwendolyn Toney:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

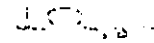
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ 44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>

Postmark Here

Sent To: Gwendolyn Toney  
 St. James Manor & Villa  
 1251 East Richton Road  
 Crete, IL 60417

7009 0820 0001 7434 3718  
 PS Form 3850, A

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>C. Date of Delivery 7/26/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> YES  <input checked="" type="checkbox"/> NO          If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>Gwendolyn Toney          St. James Manor &amp; Villa          1251 East Richton Road          Crete, IL 60417</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number          (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No</p>
<p>7009 0820 0001 7434 3718</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-40-1540</p>	

July 22, 2009

Carol Buer  
St. Joseph Hospital  
2900 North Lake Shore Drive  
Chicago, IL 60657

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Carol Buer:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

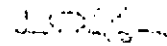
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Sent to: Carol Buer  
 Street, Apt. No., or PO Box No.: St. Joseph Hospital  
 2900 North Lake Shore Drive  
 City, State, ZIP+4: Chicago, IL 60657

PS Form 3800-2

7009 0820 0001 7434 3725

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <i>Brian Hunter #900</i>  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Brian Hunter</i> C. Date of Delivery <i>7/30/09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No.</p> <div style="text-align: center; border: 1px solid black; border-radius: 50%; padding: 5px; width: 60px; margin: 0 auto;">         JUL          30          2009       </div>
<p>1. Article Addressed to:</p> <p>Carol Buer          St. Joseph Hospital          2900 North Lake Shore Drive          Chicago, IL 60657</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>7009 0820 0001 7434 3725</p>
PS Form 3811, February 2004	Domestic Return Receipt

July 22, 2009

Gary Mellman  
St. Joseph Village  
4021 West Belmont Avenue  
Chicago, IL 60641

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Gary Mellman:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL... RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ 1.44	Payment Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>5.54</b>	

Sent To: Gary Mellman  
 St. Joseph Village  
 4021 West Belmont Avenue  
 Chicago, IL 60641

PS Form 3800 A

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Gary Mellman          St. Joseph Village          4021 West Belmont Avenue          Chicago, IL 60641</p> <p>2. Article Number:          (Transfer from service label)</p>	<p><b>COMPLETE THIS SECTION: ON DELIVERY</b></p> <p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee  <i>X Gary Mellman</i></p> <p>B. Received by (Printed Name) <i>Maribel Katur</i></p> <p>C. Date of Delivery <i>7/25</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No          If YES, enter delivery address below:</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	---

7009 0820 0001 7434 3732

Domestic Return Receipt

PS Form 3811, February 2004 102595-02-M-1540

July 22, 2009

Bridget Stumpf-Wilmot  
St. Martha's Manor  
4621 North Racine Avenue  
Chicago, IL 60640

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Bridget Stumpf-Wilmot:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



July 22, 2009

Trina Springs-Rehder  
St. Matthew Center for Health  
1601 North Western Avenue  
Park Ridge, IL 60068

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Trina Springs-Rehder:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

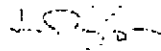
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at www.usps.com

7009 0820 0001 7434 3756

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Sent To Trina Springs-Rehder  
 Street, Apt. No. or PO Box No. St. Matthew Center for Health  
1601 North Western Avenue  
 City, State, ZIP Park Ridge, IL 60068

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <u>Delores D. [Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>[Signature]</u> Date of Delivery <u>2/25/04</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  # YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Trina Springs-Rehder                  St. Matthew Center for Health                  1601 North Western Avenue                  Park Ridge, IL 60068</p>	<p>3. Sender Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number                  (Transfer from service label) <u>7009 0820 0001 7434 3756</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

July 22, 2009

Sister Jeanne F. Haley  
St. Patrick's Residence  
1400 Brookdale Road  
Naperville, IL 60563

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Sister Jeanne F. Haley:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

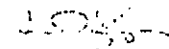
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Not Required)	5.54
<b>Total Postage</b>	<b>11.08</b>

Postmark  
 Here

Send to: **Sister Jeanne F. Haley**  
**St. Patrick's Residence**  
**1400 Brookdale Road**  
**Naperville, IL 60563**

7009 0820 0001 7434 3753

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Sister Jeanne F. Haley  
 St. Patrick's Residence  
 1400 Brookdale Road  
 Naperville, IL 60563

2. Article Number  
 (Transfer from service label)

7009 0820 0001

7434 3753

PS Form 3811, EDITION 1997

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  
 Agent  
 Addressee  
 Other
- B. Received by (Print Name) Sister Jeanne F. Haley  
 Date of Delivery 8-15
- C. Is delivery address different from 1?  Yes  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

July 22, 2009

Mary Grondin  
St. Paul's House  
3800 North California Avenue  
Chicago, IL 60618

Re: Proposed Discontinuation, Long Term Care Category of Service

Dear Mary Grondin:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com


**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

7009 0820 0001 7434 3770

Send To: Mary Grondin  
 St. Paul's House  
 3800 North California Avenue  
 Chicago, IL 60618

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  X  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No  If YES, enter delivery address below: _____</p>
<p>1. Article Addressed to:</p> <p>Mary Grondin  St. Paul's House  3800 North California Avenue  Chicago, IL 60618</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 3770</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102695-02-01-1540</p>	

July 22, 2009

Karen Sorbero  
Sunny Hill Nursing Home Will County  
421 Doris Avenue  
Joliet, IL 60433

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Karen Sorbero:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only, No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

<small>Postage</small>	1.44
<small>Certified Fee</small>	2.80
<small>Return Receipt Fee (Endorsement Required)</small>	2.30
<small>Restricted Delivery Fee (Endorsement Required)</small>	
<small>Total Postage &amp; Fees</small>	5.54

Postmark Here

Sent To Karen Sorbero  
Sunny Hill Nursing Home Will  
County  
421 Doris Avenue  
Joliet, IL 60433

PS Form 3811, February 2004

7009 0620 0001 7434 3767

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Karen Sorbero  Sunny Hill Nursing Home Will  County  421 Doris Avenue  Joliet, IL 60433</p> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature  <i>[Signature]</i> <input type="checkbox"/> Address</p> <p>B. Received by (Printed Name) <i>Anne Camacho</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0620 0001 7434 3767</p>	
<p><small>PS Form 3811, February 2004 Domestic Return Receipt 10299-024-1540</small></p>	

July 22, 2009

Mary Shehan  
Swedish Covenant Hospital  
5145 North California Avenue  
Chicago, IL 60625

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Mary Shehan:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:


Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee <small>(Endorsement Required)</small>	2.30
Restricted Delivery Fee <small>(Endorsement Required)</small>	5.54
<b>Total Postage &amp; Fees</b>	<b>\$ 9.08</b>

Postmark  
Here

Sent To: **Mary Shehan**  
**Swedish Covenant Hospital**  
**5145 North California Avenue**  
**Chicago, IL 60625**

Source, Acc. No., or PO Box No.  
 City, State, ZIP+4

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Mary Shehan          Swedish Covenant Hospital          5145 North California Avenue          Chicago, IL 60625</p> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature</p> <p>X  <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">Date of Delivery</span></p> <p style="margin-left: 20px;">2/27/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <span style="float: right;">RNTR</span></p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 3794</p> <p>PS Form 3811, February 2004 <span style="float: right;">Domestic Return Receipt <span style="font-size: 0.8em;">102505-02-00-1560</span></span></p>	

July 22, 2009

Nancy Rodriguez  
Tabor Hills Healthcare Facility Inc.  
1347 Crystal Avenue  
Naperville, IL 60563

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Nancy Rodriguez:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

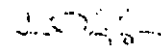
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service  
**CERTIFIED MAIL... RECEIPT**  
(Domestic Mail Only: No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	5.54	

Sent to: Nancy Rodriguez  
Tabor Hills Healthcare Facility Inc.  
Sheet, Apt. No. or PO Box No. 1347 Crystal Avenue  
City, State, ZIP+4 Naperville, IL 60563

PS Form 3811, February 2004

008E HENL T000 0290 6002

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nancy Rodriguez  
Tabor Hills Healthcare Facility Inc.  
1347 Crystal Avenue  
Naperville, IL 60563

2. Article Number  
(Transfer from service label)

7009 0820 0001 7434 3800

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
x. *Catherine Michal*  Agent  Addressee

B. Received by (Printed Name)  
*CATHERINE MICHAL*

C. Date of Delivery  
*7/28/09*

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 10295-02-01-1040

July 22, 2009

Lori McLaughlin, General Counsel  
The Clare at Water Tower C/O Franciscan Sisters of Chicago Service Corporation  
1055 West 175th Street, Suite 202  
Homewood, IL 60430

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Lori McLaughlin, General Counsel:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

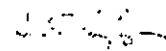
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only: No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Postmark Here

Sent To: Lori McLaughlin, General Counsel  
 The Clare at Water Tower C/O  
 Franciscan Sisters of Chicago S. C.  
 1055 West 175th Street, Suite 202  
 Homewood, IL 60430

PS Form 3811, February 2004

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
 Lori McLaughlin, General Counsel  
 The Clare at Water Tower C/O  
 Franciscan Sisters of Chicago S. C.  
 1055 West 175th Street, Suite 202  
 Homewood, IL 60430

2. Article Number (Transfer from service label) 7009 0820 0001 7434 3817

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Lori McLaughlin*  Agent  Addressee

B. Received by (Printed Name) *Lori McLaughlin*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered Mail  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, February 2004 Domestic Return Receipt 10255-02-04-1040

July 22, 2009

Leif Nielsen  
The Danish Home  
5656 North Newcastle Avenue  
Chicago, IL 60631

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Leif Nielsen:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

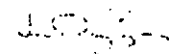
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <input checked="" type="checkbox"/> Agmt <input checked="" type="checkbox"/> Addressed	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
Leif Nielsen The Danish Home 5656 North Newcastle Avenue Chicago, IL 60631			7/25/09
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? If YES, enter delivery address below:	
7009 0820 0001 7434 3824		<input type="checkbox"/> Yes <input type="checkbox"/> No	
PS Form 3811, February 2004		3. Service Type	
Domestic Return Receipt		<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
102595-02-M-1540		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

U.S. Postal Service ...	
<b>CERTIFIED MAIL... RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a> .	
<b>OFFICIAL USE</b>	
Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54
Postmark Here	
Sent To	Leif Nielsen
Street Apt No. or PO Box No.	The Danish Home
City, State, ZIP+4	5656 North Newcastle Avenue Chicago, IL 60631
PS Form 3812, Jan	

July 22, 2009

Theodore L. O'Brien  
The Renaissance at Halsted  
10935 South Halsted  
Chicago, IL 60628

Re: Proposed Discontinuation: Long Term Care Category of Service

Dear Theodore L. O'Brien:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:


Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
Total Postage		

Sent To: Theodore L. O'Brien  
The Renaissance at Halsted  
Special, Apt X or PO Box # 10935 South Halsted  
City, State, Zip, Suite # Chicago, IL 60628

PS Form 3811

7009 0820 0001 7434 3848

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Theodore L. O'Brien  The Renaissance at Halsted  10935 South Halsted  Chicago, IL 60628</p>	<p>A. Signature  <i>x Madeline...</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <span style="margin-left: 150px;">9/12/09</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number  <i>(Transfer from service label)</i> <u>7009 0820 0001 7434 3848</u></p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

July 22, 2009

John Stare  
The Renaissance at Hillside  
4600 North Frontage Road  
Hillside, IL 60162

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear John Stare:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

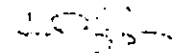
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44	
Certified Fee	2.80	Postmark Here
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.50	
<b>Total Postage &amp; Fees</b>	<b>\$ 9.04</b>	

7009 0820 0001 7434 3831

Sent To: **John Stare**  
 Street, Apt. No., or PO Box No.: **The Renaissance at Hillside**  
**4600 North Frontage Road**  
 City, State, ZIP+4: **Hillside, IL 60162**

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p><b>John Stare</b>  <b>The Renaissance at Hillside</b>  <b>4600 North Frontage Road</b>  <b>Hillside, IL 60162</b></p> <p>2. Article Number  <i>(Transfer from service label)</i> <b>7009 0820 0001 7434 3831</b></p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/>  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by <input checked="" type="checkbox"/> Principal Agent <input type="checkbox"/> Other Agent</p> <p>C. Date of Delivery <b>7/27</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No      If YES, enter delivery address below:</p> <div style="border: 1px solid black; border-radius: 50%; width: 100px; height: 100px; text-align: center; margin: 10px auto;">       JUL 27 2004        HILLSIDE, IL 60162     </div> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 922595-02-94-1540

July 22, 2009

Kathy Donohue  
The Waterford Nursing & Rehab  
7445 North Sheridan Road  
Chicago, IL 60626

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Kathy Donohue:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only: No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Package #	144
Certified Fee	2.80
Return Receipt Fee (Endowment Required)	2.30
Postage & Fees (Endowment Required)	5.54
<b>Total Postage</b>	

Postmark Here

Send to: **Kathy Donohue**  
**The Waterford Nursing & Rehab**  
**7445 North Sheridan Road**  
**Chicago, IL 60626**

PS Form 3800

7009 0820 0001 7434 3655

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
**Kathy Donohue**  
**The Waterford Nursing & Rehab**  
**7445 North Sheridan Road**  
**Chicago, IL 60626**

**COMPLETE THIS SECTION: NO DELIVERY**

A. Signature: *Kathy Donohue*  Signature  Address  
 B. Received by (Printed Name): \_\_\_\_\_  
 C. Date of Delivery: *M 7-27-20*  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, email delivery address below: \_\_\_\_\_

3. Service Type:  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery? (Extra Fee)  Yes

2. Article Number: **7009 0820 0001 7434 3655**

July 22, 2009

Niquitta Berry  
The Woodbine Nursing Home  
6909 West North Avenue  
Oak Park, IL 60302

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Niquitta Berry:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

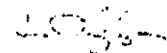
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature <i>X. J. Moore</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Niquitta Berry The Woodbine Nursing Home 6909 West North Avenue Oak Park, IL 60302		B. Received by (Printed Name) _____ C. Date of Delivery 7-28	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery <sup>1</sup> (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number <small>(Transfer from service label)</small>		7009 0820 0001 7434 3862	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-04-1540	

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Sent To: Niquitta Berry  
The Woodbine Nursing Home  
6909 West North Avenue  
Oak Park, IL 60302

PS Form 3801

July 22, 2009

Elvira L. Cull  
Thornton Heights Terrace  
160 West 10th Street  
Chicago Heights, IL 60411

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Elvira L. Cull:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

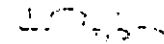
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage \$ <u>44</u>	Postmark Here
Certified Fee <u>2.80</u>	
Return Receipt Fee <small>(Endorsement Required)</small> <u>2.30</u>	
Restricted Delivery Fee <small>(Endorsement Required)</small> <u>5.54</u>	
<b>Total Postage &amp; Fees \$ 5.54</b>	

7009 0820 0001 7434 3879

Send To: **Elvira L. Cull**  
**Thornton Heights Terrace**  
**180 West 10th Street**  
**Chicago Heights, IL 60411**

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;"><b>Elvira L. Cull</b>  <b>Thornton Heights Terrace</b>  <b>180 West 10th Street</b>  <b>Chicago Heights, IL 60411</b></p> <p>2. Article Number  <small>(Transfer from service label)</small> <b>7009 0820 0001 7434 3879</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Elvira Cull</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery <b>7/25</b></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004      Domestic Return Receipt      102595-02-M-1040	

July 22, 2009

Marc Halpert  
Tri-State Nursing & Rehab Center  
2500 East 175th Street  
Lansing, IL 60438

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Marc Halpert:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

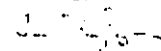
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage	5.54	

7009 0820 0001 7434 3886

Sent To: Marc Halpert  
 Tri-State Nursing & Rehab Center  
 2500 East 175th Street  
 Lansing, IL 60438

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Marc Halpert          Tri-State Nursing &amp; Rehab Center          2500 East 175th Street          Lansing, IL 60438</p> <p>2. Article Number  <i>(Transfer from service label)</i> <span style="float: right;">7009 0820 0001 7434 3886</span></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>J. Madison</i> <span style="float: right;"><input type="checkbox"/> Agent</span></p> <p style="text-align: right;"><input type="checkbox"/> Addressed</p> <p>B. Received by <i>(Printed Name)</i>  <i>J. Madison</i> <span style="float: right;">C. Date of Delivery</span></p> <p style="text-align: right;"><i>7-25-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? <i>(Extra Fee)</i> <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004	Domestic Return Receipt

July 22, 2009

Jim Kouzios  
Villa Scalabrini Nursing & Rehab  
480 North Wolf Road  
Northlake, IL 60164

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Jim Kouzios:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL... RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Payment Here
Certified Fee	2.80	
Return Receipt Fee <small>(Endorsement Required)</small>	2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>	.00	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Send To: **Jim Kouzios**  
**Villa Scalabrini Nursing & Rehab**  
**480 North Wolf Road**  
**Northlake, IL 60164**

Street, Apt. No.,  
or PO Box No.  
City, State, ZIP+4

PS Form 3811-04

7009 0820 0001 7434 3893

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;"><b>Jim Kouzios</b>  <b>Villa Scalabrini Nursing &amp; Rehab</b>  <b>480 North Wolf Road</b>  <b>Northlake, IL 60164</b></p> <p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Stella Joseph</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <b>STELLA JOSEPH</b></p> <p>C. Date of Delivery  <b>7-25-07</b></p> <p>D. Is delivery address different from item 1?  <input type="checkbox"/> Yes      <input type="checkbox"/> No  <small>If YES, enter delivery address below:</small></p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)  <input type="checkbox"/> Yes</p>
<p style="font-size: large; margin: 0;">7009 0820 0001 7434 3893</p> <p style="font-size: small; margin: 0;">Domestic Return Receipt</p>	

102285-02-04-1040

July 22, 2009

Samuel Brandman  
Village Nursing Home  
9000 N. Lavergne Avenue  
Skokie, IL 60077

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Samuel Brandman:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

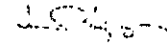
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>		A. Signature X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:  Samuel Brandman Village Nursing Home 9000 N. Lavergne Avenue Skokie, IL 60077		B. Received by (Printed Name) _____ C. Date of Delivery <i>7-28-09</i>	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____	
		3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> G.O.D.	
2. Article Number <u>7009 0820 0001 7434 3909</u> (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input type="checkbox"/> No	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-04-1540

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**OFFICIAL USE**

Postage	\$ <u>1.44</u>	Postmark Here
Certified Fee	\$ <u>2.80</u>	
Return Receipt Fee (Endorsement Required)	\$ <u>2.30</u>	
Restricted Delivery Fee (Endorsement Required)	\$ <u>5.54</u>	
<b>Total Postage &amp; Fees</b>	<b>\$ <u>12.08</u></b>	

7009 0820 0001 7434 3909

Sent To: Samuel Brandman  
Street, Apt. No., or PO Box No.: Village Nursing Home  
City, State, ZIP+4: 9000 N. Lavergne Avenue  
Skokie, IL 60077

PS Form 3800-01

July 22, 2009

Suzanne Glenn  
Walnut Grove Village, LLC  
1905 Twilight Drive  
Morris, IL 60450

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Suzanne Glenn:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

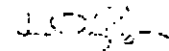
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

91BE HEH? 1000 0280 6007

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>

Postmark Here

Sent To: Suzanne Glenn  
 Walnut Grove Village, LLC  
 1905 Twilight Drive  
 Morris, IL 60450

Street, Apt. No.,  
 or PO Box No.  
 City, State, ZIP+4

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Kathy Kerain</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Suzanne Glenn          Walnut Grove Village, LLC          1905 Twilight Drive          Morris, IL 60450</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p>	<p>7009 0820 0001 7434 3916</p>
PS Form 3811, February 2004	Domestic Return Receipt

July 22, 2009

Megan Mulherin  
Warren Barr Pavilion  
66 West Oak Street  
Chicago, IL 60610

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Megan Mulherin:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
 (Domestic Mail Only, No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

7009 0820 0002 7434 3923

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>

Payment Here

Sent To: Megan Mulherin  
 Warren Barr Pavilion  
 66 West Oak Street  
 Chicago, IL 60610

**SENDER: COMPLETE THIS SECTION**

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
  
 Megan Mulherin  
 Warren Barr Pavilion  
 66 West Oak Street  
 Chicago, IL 60610

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *M. Mulherin*  Agent  Addressee

B. Received by (Printed Name)  
 M. MULHERIN

C. Date of Delivery  
 01/29/04

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

7009 0820 0002 7434 3923

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-01-1540

July 22, 2009

Steve Goldstein  
Warren Park Nursing Pavilion  
6700 North Damien  
Chicago, IL 60645

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Steve Goldstein:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

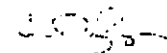
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage</b>	<b>5.54</b>

Postmark  
Here

Send To: Steve Goldstein  
 Warren Park Nursing Pavilion  
 6700 North Damien  
 Chicago, IL 60645

PS Form 3803

7009 0820 0001 7434 3930

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY						
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Steve Goldstein          Warren Park Nursing Pavilion          6700 North Damien          Chicago, IL 60645</p>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____</p> <p>C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <table style="width: 100%; border: none;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>2. Article Number _____  <i>(Transfer from service label)</i></p> <p>PS Form 3811, February 2004</p>	<p>7009 0820 0001 7434 3930</p> <p>Domestic Return Receipt</p> <p style="font-size: x-small;">10295-02-04-1540</p>						

July 22, 2009

Kevin McGee  
Washington & Jane Smith Comm.  
2320 West 13th Place  
Chicago, IL 60643

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Kevin McGee:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

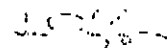
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL - RECEIPT**  
 (Domestic Mail Only: No Insurance Coverage Provided)  
 For delivery information visit our website at www.usps.com

**OFFICIAL USE**

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Registered Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Postmark Here

Send To: **Kevin McGee**  
 Washington & Jane Smith Comm.  
 2320 West 13th Place  
 Chicago, IL 60643

PS Form 3811

7009 0820 0001 7434 3947

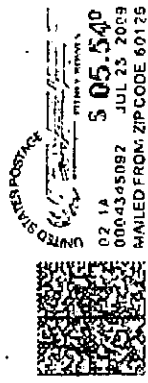
**CERTIFIED MAIL**



7009 0820 0001 7434 3947



17800 South Kedzie Avenue  
Hazel Crest, Illinois 60429-0989



- MOVED, LEFT NO ADDRESS
- FORWARDING ORDER EXPIRED
- ATTEMPTED - NOT KNOWN
- UNCLAIMED  REFUSED
- NO SUCH STREET
- NO SUCH NUMBER
- INSUFFICIENT ADDRESS



RETURNED TO SENDER

*Handwritten signature*

July 22, 2009

Moira Tannen  
Washington Heights Nursing & Rehab  
1010 West 95th Street  
Chicago, IL 60643

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Moira Tannen:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

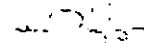
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service<sup>®</sup>  
**CERTIFIED MAIL<sup>™</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com).

**SPECIAL USE**

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	5.54
<b>Total Postage &amp; Fees</b>	<b>12.08</b>

Program & Name

Sent to: **Moira Tannen**  
**Washington Heights Nursing & Rehab**  
**1010 West 95th Street**  
**Chicago, IL 60643**

PS Form 3800

2009 0820 0001 7434 3954

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.  
 Print your name and address on the reverse so that we can return the card to you.  
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Addressee Addressed to:

**Moira Tannen**  
**Washington Heights Nursing & Rehab**  
**1010 West 95th Street**  
**Chicago, IL 60643**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Restricted Delivery (Name) *[Signature]* C. Day of Delivery *[Signature]*

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 Restricted Delivery (Extra Fee)  Yes  No

7009 0820 0001 7434 3954

July 22, 2009

Howard Alter  
Waterfront Terrace  
7750 South Shore Drive  
Chicago, IL 60649

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Howard Alter:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

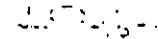
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service<sup>™</sup>  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)	5.54	
<b>Total Postage</b>	<b>8.98</b>	

Sent To: Howard Alter  
 Waterfront Terrace  
 Street Apt. No. or PO Box No.: 7750 South Shore Drive  
 City, State, ZIP: Chicago, IL 60649

PS Form 3800

7009 0820 0001 7434 3961

<p><b>SENDER: COMPLETE THIS SECTION.</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Howard Alter        Waterfront Terrace        7750 South Shore Drive        Chicago, IL 60649</p> <p>2. Article Number        (Transfer from service label)</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY.</b></p> <p>A. Signature        x B. Smith <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery        11-27-05</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
--	---

7009 0820 0001 7434 3961

PS Form 3811, February 2004: Domestic Return Receipt 102565-02-01-1540

July 22, 2009

Sherry Worman  
West Suburban Hospital & Medical Center  
Erie at Austin  
Oak Park, IL 60302

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Sherry Worman:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

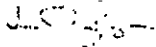
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at www.usps.com

7009 0820 0001 7434 3978

<b>OFFICIAL USE</b>	
Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>
Sent To: Sherry Worman West Suburban Hospital & Medical Center Erie at Austin Oak Park, IL 60302	
PS Form 3811, February 2004	

<p><b>SENDER: COMPLETE THIS SECTION</b></p> <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Sherry Worman West Suburban Hospital &amp; Medical Center Erie at Austin Oak Park, IL 60302</p>	<p><b>COMPLETE THIS SECTION ON DELIVERY</b></p> <p>A. Signature <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery          Sherry Worman 7/25/09</p> <p>D. Delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>E. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
---	---

2. Article Number (Transfer from service label) 7009 0820 0001 7434 3978  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02

July 22, 2009

Cathy Flanagan  
Westbury Care Center  
1800 Robin Lane  
Liste, IL 60532

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Cathy Flanagan:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

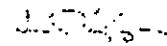
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service<sup>®</sup>**  
**CERTIFIED MAIL<sup>®</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>5.54</b>

Postmark Here

Sent To: **Cathy Flanagan**  
 Street, Apt. No., or PO Box No. **Westbury Care Center**  
 City, State, ZIP+4<sup>®</sup> **1800 Robin Lane**  
**Lisle, IL 60532**

7009 0820 0001 7434 3985

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="padding-left: 40px;">Cathy Flanagan            Westbury Care Center            1800 Robin Lane            Lisle, IL 60532</p> <p>2. Article Number  <i>(Transfer from service label)</i> <span style="float: right;">7009 0820 0001 7434 3985</span></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Peg Shille</i>      <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)      C. Date of Delivery  <span style="float: right;">7-25-09</span></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        if YES, enter delivery address below.      <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail      <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered      <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail      <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)      <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004	Domestic Return Receipt

July 22, 2009

Patricia Calvin  
Westchester Health & Rehab  
2901 Wolf Road  
Westchester, IL 60154

Re: Proposed Discontinuation: Long Term Care Category of Service

Dear Patricia Calvin:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

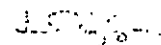
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com).

OFFICIAL USE

Postage	\$	.44	Postmark Here
Certified Fee		2.80	
Return Receipt Fee <small>(Endorsement Required)</small>		2.30	
Restricted Delivery Fee <small>(Endorsement Required)</small>			
Total Postage & Fees		\$	5.54

7009 0820 0001 7434 3992

Sent To: Patricia Calvin  
 Street, Apt. No. or PO Box No.: Westchester Health & Rehab  
 2901 Wolf Road  
 City, State, ZIP: Westchester, IL 60154

PS Form 3802

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 40px;">Patricia Calvin          Westchester Health &amp; Rehab          2901 Wolf Road          Westchester, IL 60154</p> <p>2. Article Number  <small>(Transfer from service label)</small> <span style="float: right;">7009 0820 0001 7434 3992</span></p>	<p>A. Signature  </p> <p style="text-align: right;"><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)          KRAMER</p> <p>C. Date of Delivery          2/21/09</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-00-1302</span></p>	

July 22, 2009

Samuel Biber  
Westmont Convalescent Center  
6501 South Cass  
Westmont, IL 60559

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Samuel Biber:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



U.S. Postal Service<sup>™</sup>  
**CERTIFIED MAIL<sup>™</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee <small>(Endorsement Required)</small>	2.30
Restricted Delivery Fee <small>(Endorsement Required)</small>	0.00
<b>Total Postage &amp; Fees</b>	<b>5.54</b>

Postmark  
Here

Sent to: Samuel Biber  
Westmont Convalescent Center  
6501 South Cass  
Westmont, IL 60559

PS Form 3800

7009 0820 0001 7434 4005

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li><input type="checkbox"/> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li> <li><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Samuel Biber  Westmont Convalescent Center  6501 South Cass  Westmont, IL 60559</p>	<p>A. Signature</p> <p>X <u>Swya</u> <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>B. Received by (Printed Name) <span style="float: right;">C. Date of Delivery</span></p> <p><u>Swya, Matthew</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  If YES, enter delivery address below. <input type="checkbox"/> No</p>
<p>2. Article Number <small>(Transfer from service label)</small></p> <p style="text-align: right;">7009 0820 0001 7434 4005</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

July 22, 2009

Blake A. Wiley  
Westshire Nursing & Rehab Center  
5825 West Cermak Road  
Cicero, IL 60804

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Blake A. Wiley:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

7009 0820 0001 7434 4012

U.S. Postal Service  
**CERTIFIED MAIL... RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*  
 For delivery information visit our website at www.usps.com.

**OFFICIAL USE**

Postage	\$ .44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 5.54	

Sent To: Blake A. Wiley  
 Westshire Nursing & Rehab Center  
 5825 West Cermak Road  
 Cicero, IL 60804

US Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Blake A. Wiley          Westshire Nursing &amp; Rehab Center          5825 West Cermak Road          Cicero, IL 60804</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7009 0820 0001 7434 4012</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102695-02-001-1560</p>	

July 22, 2009

Dr. Joseph Leberman, Ph.D  
Westwood Manor  
2444 West Touhy Avenue  
Chicago, IL 60645

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Dr. Joseph Leberman, Ph.D:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

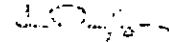
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL... RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)  
 For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

Postage \$ <u>0.44</u>	Payment Here
Certified Fee <u>2.80</u>	
Return Receipt Fee (Endorsement Required) <u>2.30</u>	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees <u>5.54</u>	

Sent To: Dr. Joseph Leberman, Ph.D  
Westwood Manor  
2444 West Touhy Avenue  
Chicago, IL 60645

PS Form 3811, February 2004

SENDER COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <u>[Signature]</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><u>Dr. Joseph Leberman, Ph.D</u>  <u>Westwood Manor</u>  <u>2444 West Touhy Avenue</u>  <u>Chicago, IL 60645</u></p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p> <p><u>7009 0820 0001 7434 4029</u></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-44-1040

July 22, 2009

Augie S. Beley  
Wilson Care  
4544 North Hazel Street  
Chicago, IL 60640

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Augie S. Beley:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

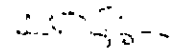
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL - RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

<b>Postage</b>	\$ 1.44
<b>Certified Fee</b>	2.80
<b>Return Receipt Fee</b> <small>(Endorsement Required)</small>	2.30
<b>Restricted Delivery Fee</b> <small>(Endorsement Required)</small>	
<b>Total Postage &amp; Fees</b>	\$ 5.54

Postmark Here

**Sent To:** Augie S. Beley  
Wilson Care  
4544 North Hazel Street  
Chicago, IL 60640

PS Form 3811

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> <p>1. Article Addressed to:</p> <p>Augie S. Beley  Wilson Care  4544 North Hazel Street  Chicago, IL 60640</p>	<p>A. Signature <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>C. Date of Delivery: 7/27/09</p> <p>D. Restricted Delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No  <small>If YES, print delivery address below:</small></p> <p>E. Delivery type</p> <p><input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: 7009 0820 0001 7434 4036  <small>(Transfer from service label)</small></p>	
<p><small>PS Form 3811, February 2004      Domestic Return Receipt      102535-02-94-1040</small></p>	

July 22, 2009

Narad Persadsingh  
Wincrest Nursing Center  
6326 North Winthrop  
Chicago, IL 60660

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Narad Persadsingh:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 0820 0001 7434 4043

Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>

Postmark  
Here

Sent to: **Narad Persadsingh**  
**Wincrest Nursing Center**  
 Street, Apt. No. or PO Box No. **6326 North Winthrop**  
 City, State, ZIP+4 **Chicago, IL 60660**

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> <b>NARAD P.</b> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <b>Shri</b> C. Date of Delivery <b>25 Feb 05</b></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p><b>Narad Persadsingh</b>  <b>Wincrest Nursing Center</b>  <b>6326 North Winthrop</b>  <b>Chicago, IL 60660</b></p>	<p>3. Service type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <i>(Transfer from service label)</i></p>	<p><b>7009 0820 0001 7434 4043</b></p>

July 22, 2009

Annamarie Harrington  
Windmill Nursing Pavilion  
16000 South Wabash  
South Holland, IL 60473

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Annmarie Harrington:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,

  
Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**7009 0820 0001 7434 4050**

Postage	\$ 1.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Enclosure Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

Sent to: **Annerie Harrington**  
**Windmill Nursing Pavilion**  
**16000 South Wabash**  
**South Holland, IL 60473**

PS Form 3800, A

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p style="margin-left: 20px;"><b>Annerie Harrington</b>  <b>Windmill Nursing Pavilion</b>  <b>16000 South Wabash</b>  <b>South Holland, IL 60473</b></p>	<p>A. Signature    <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <b>J. McCall</b></p> <p>C. Date of Delivery  <b>7-25-07</b></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail    <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
2. Article Number <i>(Transfer from service label)</i>	<b>7009 0820 0001 7434 4050</b>
<p>PS Form 3811, February 2004      Domestic Return Receipt      102595-02-01-1540</p>	

July 22, 2009

Arleen Batorek  
Winston Manor Convalescent  
2155 West Pierce  
Chicago, IL 60622

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Arleen Batorek:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

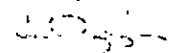
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

U.S. Postal Service  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com.  
**OFFICIAL USE.**

7009 0820 0003 7434 4067

Postage	\$ .44
Certified Fee	2.80
Return Receipt Fee (Endorsement Required)	2.30
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 5.54

Postmark  
Here

Sent to  
 Arleen Batorek  
 Winston Manor Convalescent  
 Street, Apt. No. or PO Box No. 2155 West Pierce  
 City, State, ZIP+4 Chicago, IL 60622

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature                  X <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Arleen Batorek</i> C. Date of Delivery <i>7-27-09</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Arleen Batorek                  Winston Manor Convalescent                  2155 West Pierce                  Chicago, IL 60622</p>	<p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p>
<p>2. Article Number:                  (Transfer from service label) <b>7009 0820 0003 7434 4067</b></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102505-02-M-1640</p>

July 22, 2009

Juvenal Jay Gonzalez  
Woodbridge Nursing Pavilion  
2242 North Kedzie Blvd.  
Chicago, IL 60647

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Juvenal Jay Gonzalez:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

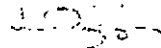
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.

**U.S. Postal Service**  
**CERTIFIED MAIL RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)

OFFICIAL USE

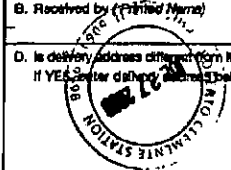
Postage	\$ 1.44
Certified Fee	2.80
Return Receipt Fee <small>(Endorsement Required)</small>	2.30
Restricted Delivery Fee <small>(Endorsement Required)</small>	
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>

Postmark Here

**Sent To:** Juvenal Jay Gonzalez  
 Woodbridge Nursing Pavilion  
 2242 North Kedzie Blvd.  
 Chicago, IL 60647

PS Form 3811, February 2004

7009 0820 0001 7434 4074

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature            x <u>Noemi Melba</u> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes            If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="margin-left: 20px;">Juvenal Jay Gonzalez            Woodbridge Nursing Pavilion            2242 North Kedzie Blvd.            Chicago, IL 60647</p>	<div style="text-align: center;">  </div> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number  <small>(Transfer from service label)</small></p>	<p style="text-align: center; font-size: 1.2em;">7009 0820 0001 7434 4074</p>
<p>PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-M-1640</span></p>	

July 22, 2009

Debbie Massey  
Woodside Manor  
120 West 26th Street  
South Chicago Heights, IL 60411

Re: Proposed Discontinuation; Long Term Care Category of Service

Dear Debbie Massey:

Advocate Health Care Network and Advocate Health and Hospitals Corporation d/b/a Advocate South Suburban Hospital intends to file with the Illinois Health Facilities and Services Review Board an Application for Permit ("Certificate of Need") to discontinue the general long-term care category of service at Advocate South Suburban Hospital.

In accordance with new rules effective February 6, 2009, any Certificate of Need application submitted for discontinuation requires that the applicants first contact all existing or approved providers within a 45-minute normal travel time service area at least 30 days prior to filing an application. We have determined your facility may be located within this geographic area and are providing you with this notice of our intent to discontinue our 41-bed general long-term care category of service. Our anticipated date of discontinuation, pending approval, is February 1, 2010.

We invite you to share with us any impact this action may have on your facility. Our LTC utilization for the latest 24 month period is as follows:

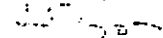
Year	Admissions	Patient Days	Average Daily Census
2007	1,085	11,966	32.8
2008	1,087	11,440	31.3

We would greatly appreciate your response notifying us within 15 days of receiving this letter, whether your facility has available capacity to assume additional long-term care patients "without restrictions, conditions, limitations, or discrimination". If you are able to assume additional patients under these requirements, please provide your total bed capacity, number of available beds, average daily census, and the estimated number of the additional patients that your facility could accept.

Please send your response to Ms. Devita Smith, Advocate South Suburban Hospital, 17800 South Kedzie Avenue, Hazel Crest, Illinois, 60429.

If you have any questions about our plans or how we can work together to relocate patients, please do not hesitate to contact me at 708-213-3192 or via email [timothy.daugherty@advocatehealth.com](mailto:timothy.daugherty@advocatehealth.com).

Sincerely,



Timothy Daugherty  
Vice President Business Development

Sent via certified and registered mail.



**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

Postage	\$ 4.44	Postmark Here
Certified Fee	2.80	
Return Receipt Fee (Endorsement Required)	2.30	
Restricted Delivery Fee (Endorsement Required)		
<b>Total Postage &amp; Fees</b>	<b>\$ 5.54</b>	

7009 0820 0001 7434 4081

Sent to: **Debbie Massey**  
 Street, Apt. No.,  
 or PO Box No. **Woodside Manor**  
**120 West 26th Street**  
 City, State, ZIP+4® **South Chicago Heights, IL 60411**

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p><input type="checkbox"/> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.</p> <p><input type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</p> <p><input type="checkbox"/> Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><b>Debbie Massey</b>  <b>Woodside Manor</b>  <b>120 West 26th Street</b>  <b>South Chicago Heights, IL 60411</b></p> <p>2. Article Number  <i>(Transfer from service #)</i> <b>7009 0820 0001 7434 4081</b></p>	<p>A. Signature  </p> <p><input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery  <b>7-25-08</b></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes        If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type  <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
PS Form 3811, February 2004 <span style="margin-left: 100px;">Domestic Return Receipt</span> <span style="float: right;">102595-02-01-1500</span>	