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**STATE OF ILLINOIS HEALTH FACILITIES  
AND SERVICES REVIEW BOARD**

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IN RE: )

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PUBLIC HEARING IN REGARD ) Project No. 09-043

TO RESCARE PREMIER NEURO )

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REHAB CENTER. )

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REPORT OF PROCEEDINGS had and

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testimony taken in accordance with the

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requirements of the Illinois Health Facilities

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Planning Act, taken at Downers Grove City Hall,

16

801 Burlington Avenue, Downers Grove, Illinois,

17

on March 18, 2010, at the hour of 10:00 a.m.

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**RECEIVED**

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HEALTH FACILITIES &  
SERVICES REVIEW BOARD

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1       **PRESENT:**

2               **MS. KAREN HALL, Hearing Officer;**

3               **MS. KARA FRIEDMAN, Polsinelli & Shughart.**

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1 HEARING OFFICER HALL: Okay. Good  
2 morning. My name is Karen Hall. I'm with the  
3 Illinois Department of Public Health.

4 I'm here today to conduct a public hearing  
5 on the proposed project known as 09-043, ResCare  
6 Premier Neuro-Rehabilitation Center, Downers  
7 Grove, Illinois.

8 As per the rules of the Illinois Health  
9 Facilities and Services Review Board, I would  
10 like to read the legal notice into the record:  
11 In accordance with the requirements of the  
12 Illinois Health Facilities Planning Act, notice  
13 is given of a modification of an application for  
14 permit for a proposed construction and/or  
15 modification project (Project 09-043) from  
16 ResCare Premier Neuro-Rehabilitation Center  
17 located at 1040 Robey Avenue, Downers Grove,  
18 Illinois.

19 The applicant proposes to establish a  
20 12-bed rehabilitation center in an existing  
21 community-based residential rehabilitation  
22 center. The estimated project cost for this  
23 project is 5,005,000.

24 MS. KARA FRIEDMAN: 500,000.

1 HEARING OFFICER HALL: Okay. I guess  
2 I had that information wrong; 500,000.

3 The modification consists of an increase in  
4 the project's costs that exceed 10 percent of the  
5 original application amount. Consideration by  
6 the State Board has been tentatively scheduled  
7 for the April 20th through 21st, 2010, State  
8 Board Meeting.

9 A public hearing is to be held by the  
10 Illinois Department of Public Health pursuant to  
11 the Illinois Health Facilities Planning Act. The  
12 hearing is open to the public and will provide an  
13 opportunity for parties at interest to present  
14 written and/or verbal comment relevant to the  
15 project. All allegations or assertions should be  
16 relevant to the need for the proposed project and  
17 should be supported with two copies of  
18 documentation or materials that are printed or  
19 typed on paper size eight-and-a-half by 11.

20 A copy of the application may be viewed at  
21 the Illinois Health Facilities and Services  
22 Review Board office at 525 West Jefferson Street,  
23 2nd floor, Springfield, Illinois 62761. To  
24 obtain a copy of the application, phone the

1 office for details and copying fees at  
2 (217) 782-3516. Any person wanting a public  
3 hearing on the proposed project must submit a  
4 written request for such hearing to the address  
5 that I just mentioned.

6 If you have not done so, please sign in  
7 using the appropriate registration forms. One  
8 form is for individuals who want to provide  
9 testimony in support of the project. Another  
10 form is for people to provide testimony who  
11 oppose the project, and the last form is for  
12 people to register their attendance who do not  
13 wish to testify.

14 To ensure that the Illinois Health  
15 Facilities and Services Review Board's public  
16 hearings protect the privacy and maintains the  
17 confidentiality of an individual's health  
18 information, covered entities, and -- as defined  
19 by the Health Insurance Portability Act of 1996,  
20 such as facilities, hospitals -- hospital  
21 providers, health plans, and health care  
22 clearinghouses, submitting oral or written  
23 testimony that discloses protected health  
24 information of individuals shall have a valid

1 written authorization from that individual. The  
2 authorization shall allow the covered entity to  
3 share the individual's protected health  
4 information at this hearing.

5 Those of you who came with prepared text  
6 for your presentation may choose to submit that  
7 text without giving testimony. However, if you  
8 are going to give oral testimony, take as long as  
9 you want. We don't have a lot of people here.

10 As per legal notice, I will appreciate two  
11 copies of your testimony. When you make your  
12 presentation, please give the court reporter the  
13 spelling of your complete name. If there is a  
14 chief spokesperson for the applicant, we would  
15 like that individual to make the first  
16 presentation. The remaining testimony will be  
17 taken in the order of the names on the register.  
18 Please hold your questions until the testimony --  
19 all of the testimony has been presented.

20 Is there someone from the applicant who  
21 wishes to make the first presentation?

22 MS. JANICE FRYKLUND: Janice  
23 Fryklund.

24 HEARING OFFICER HALL: Okay. Just

1 spell your name for the court reporter.

2 MS. JANICE FRYKLUND: Janice  
3 Fryklund, J-a-n-i-c-e, F-r-y-k-l-u-n-d.

4 Good morning. My name is Janice Fryklund.  
5 I'm the executive director of ResCare Premier  
6 Neuro-Rehabilitation Center. I would like to  
7 thank the Health Facilities and Service Review  
8 Board for the opportunity to provide background  
9 on ResCare Premier and the services we offer and  
10 explain why we are seeking a certificate of need  
11 for ResCare Premier Downers Grove facility.

12 An estimated 3.17 million Americans  
13 currently live with disabilities resulting from  
14 traumatic brain injury. Traumatic brain injury  
15 has been called a silent epidemic. 1.4 million  
16 Americans sustain a traumatic brain injury each  
17 year, often in car accidents, falls, and sports  
18 mishaps. Experts believe that the number of TBIs  
19 is higher because the estimate reflects only  
20 emergency room visits and many patients never go  
21 to hospitals.

22 In recent decades everything from air bags  
23 to advances in emergency medicine has meant that  
24 people in car accidents and other traumas are

1 more likely to survive their injuries and more  
2 likely to need long-term services.

3 ResCare Premier has been providing  
4 neuro-rehabilitation services to individuals with  
5 acquired brain injury, traumatic brain injuries,  
6 and other neurologic impairments since 1989. We  
7 currently operate a residential  
8 neuro-rehabilitation program offering 24-hour  
9 postacute care.

10 We provide on-site licensed physical,  
11 occupational, and speech and cognitive therapy as  
12 well as vocational and neuropsychological  
13 services in a home-like environment. ResCare  
14 Premier is accredited by the Council on  
15 Accreditation of Rehabilitation Facilities, CARF,  
16 for the following programs: Adult residential  
17 rehabilitation programs; brain injury program;  
18 outpatient medical rehabilitation programs,  
19 single service brain injury program; and adult  
20 outpatient medical rehabilitation programs,  
21 multi-service brain injury.

22 CARF is the leading international  
23 accreditation organization for rehabilitation  
24 providers. We offer a comprehensive continuum of



1 care that allows our residents to live more  
2 independently through the delivery of innovative  
3 and efficient services. We employ an  
4 interdisciplinary team approach to develop  
5 individualized outcome goal plans to assist our  
6 residents in achieving their greatest level of  
7 independence.

8 Our therapeutic departments work  
9 collaboratively to assist each resident in  
10 meeting his or her goals and most functional  
11 therapy services are offered in the community in  
12 order to provide our residents with a complete  
13 therapy program. Finally, nurses are available  
14 daily to assess residents' changing medical  
15 conditions and needs.

16 Our programs offer a full spectrum of care  
17 to individuals with acquired brain injury and  
18 traumatic brain injury and are designed to  
19 maximize and maintain independence. Our  
20 residential neuro-rehabilitation subacute program  
21 provides 24-hour supervision, intensive  
22 functional skills training and assistance, and  
23 the development of compensatory strategies for  
24 impaired abilities. Individualized licensed

1 therapy is offered on a daily basis and includes  
2 physical, vocational, recreational, occupational,  
3 and speech and language therapy as well as  
4 nursing and medical management.

5 Our long-term supportive living care  
6 program is available to individuals who cannot  
7 return home. The supported living program  
8 focuses on reinforcing personal care goals and  
9 acquiring new skills while emphasizing quality of  
10 life.

11 The supported apartment program provides  
12 assistance to residents with acquired brain  
13 injury and traumatic brain injuries in maximizing  
14 or maintaining independence.

15 The daily rehabilitation program is a  
16 nonresidential program that offers a continuum of  
17 comprehensive rehabilitation, day activity, and  
18 licensed therapies intended to provide an  
19 opportunity for individuals with acquired brain  
20 injury to maintain or improve skills needed to  
21 reach their highest potential. Respite care is  
22 also available for short-stay residents  
23 recovering from surgery or to provide family  
24 caregivers a break.

1           Finally, we provide outpatient therapy to  
2 individuals recovering from acquired brain injury  
3 and traumatic brain injury at any stage of their  
4 rehabilitation.

5           ResCare is seeking a certificate of need  
6 permit as part of its efforts to become a  
7 licensed community-based residential rehab  
8 center. There will be no change to the programs  
9 or the level of care provided to our clients.  
10 Licensure is necessary not only to our current  
11 patient base but also to allow us to offer our  
12 services to more individuals, particularly  
13 veterans of the current conflict and those who  
14 have previously served our country.

15           Currently resident care is funded through  
16 workmen's comp insurance, private insurance,  
17 private pay, and, if participants meet the  
18 eligibility guidelines, traumatic injury waivers  
19 for the day rehabilitation program.

20           In order to offer our services to a greater  
21 number of individuals, including veterans through  
22 the U.S. Department of Veteran Affairs and the  
23 Illinois Warrior Assistance Program, we need to  
24 be licensed as a community-based residential

1 rehab center.

2 Additionally, due to state imposed  
3 licensure limitations, over the past several  
4 years many hospitals and insurance companies have  
5 not been able to send patients to our facility.  
6 Accordingly, licensure is necessary to assist in  
7 managing this state's growing patient base.

8 We respectfully request the Health  
9 Facilities and Services Review Board to approve  
10 our application for a certificate of need permit  
11 so we can continue to provide high quality  
12 innovative care to individuals with acquired  
13 brain injury, traumatic brain injury, and  
14 neurological impairment. Thank you.

15 HEARING OFFICER HALL: Elizabeth  
16 Watson?

17 MS. ELIZABETH WATSON: Elizabeth  
18 Watson, E-l-i-z-a-b-e-t-h, W-a-t-s-o-n.

19 Good morning. My name is Elizabeth Watson,  
20 and I'm a vocational rehabilitation therapist at  
21 ResCare Premier Neuro-Rehabilitation Center in  
22 Downers Grove. I would like to thank the Health  
23 Facilities and Services Review Board for this  
24 opportunity to express my support for the project

1 and to provide testimony about the exceptional  
2 care we provide our residents.

3 As discussed in prior testimony,  
4 1.4 million Americans sustain a traumatic brain  
5 injury each year. Of those suffering from TBI,  
6 approximately 235,000 are hospitalized and,  
7 according to one study, about 40 percent of those  
8 hospitalized with a TBI had at least one unmet  
9 need for services one year after injury. The  
10 most frequent unmet needs are memory and  
11 problem-solving, stress management, anger  
12 management, and vocational skills.

13 ResCare is a leader in brain injury  
14 rehabilitation and meets these service gaps in  
15 the continuum of care for people suffering from  
16 traumatic brain injury and acquired brain injury.

17 Our residential rehabilitation continuum  
18 offers unique and innovative services that are  
19 not otherwise available in the acute care  
20 hospital setting. The continuum incorporates  
21 traditional therapies into functional  
22 community-based skills training. It is  
23 specifically designed to provide intensive life  
24 skills training that is vital to regaining

1 independence and reestablishing quality,  
2 productive lifestyles.

3 The residential rehabilitation continuum  
4 includes a 16-bed rehabilitation center, small  
5 supervised group homes, and supported apartment  
6 programs. The rehabilitation center is staffed  
7 24 hours a day by trained rehabilitation  
8 educators and supported by a licensed and  
9 experienced clinical team of nurses and speech  
10 and cognitive, physical, occupational, and  
11 vocational therapists to assist residents in  
12 enhancing the skills needed to achieve maximum  
13 independence.

14 Residents engage in functional activity  
15 workshops, participate in training classes,  
16 and/or work with a therapy team to address  
17 physical, cognitive, behavioral, or psychological  
18 issues related to their injuries. Functional  
19 activities designed to assist residents in their  
20 return to the community, such as budgeting,  
21 grocery shopping, and utilizing public  
22 transportation, are emphasized.

23 The supported apartment program is designed  
24 to transition residents from the rehabilitation

1 center to our supported apartments. The  
2 supported apartment program is designed for  
3 individuals who require modest levels of support.  
4 However, residents have access to the full array  
5 of our clinical services.

6 The apartments are staffed by specially  
7 trained rehabilitation educators and supported by  
8 licensed and experienced clinical teams.  
9 Residents participate in productive activities  
10 during the week which may include employment,  
11 prevocational placement, volunteer activities, or  
12 attendance at day activity centers. When  
13 necessary, residents will work with the therapy  
14 teams to address any remaining physical,  
15 cognitive, behavioral, or psychological issue  
16 caused by the acquired brain injury.

17 The supported apartment program provides  
18 state-of-the-art community integration. The  
19 program allows residents to maximize their level  
20 of independence in the least restrictive  
21 environment through the use of intermittent  
22 support training provided by ResCare. The  
23 apartments offer an intimate home-like setting  
24 where quality of life, pursuit of personal

1 interest, and local community involvement are  
2 emphasized.

3 Residents can select from a full menu of  
4 services and support, including personal support,  
5 specialty care, money management, housekeeping,  
6 transportation, and case management. Individuals  
7 may be admitted to any program along the  
8 continuum. The continuum allows individuals to  
9 transition into more independent settings, stop  
10 along the way to fully integrate newly acquired  
11 skills, or step back to participate in  
12 challenging tasks.

13 This continuity ensures that the progress  
14 is never interrupted and residents can return to  
15 the community with the skills necessary to live  
16 independently and to enhance their quality of  
17 life.

18 I would like to thank the Health Facilities  
19 and Services Review Board for the opportunity to  
20 express my support for ResCare Premier  
21 Neuro-Rehabilitation Center. I urge the Board to  
22 grant ResCare a certificate of need so we can  
23 continue to provide innovative and quality care  
24 to individuals suffering from acquired brain



1 injury and traumatic brain injury. Thank you.

2 HEARING OFFICER HALL: Jack Axel.

3 MR. JACK AXEL: My name is Jack Axel,  
4 A-x-e-l, and I'm providing testimony on behalf of  
5 Robin Roy, executive vice president of  
6 community -- excuse me, of the Center for  
7 Comprehensive Services and MENTOR --  
8 M-E-N-T-O-R -- ABI. MENTOR ABI appreciates the  
9 opportunity to participate in this public  
10 hearing.

11 As the Illinois Health Facilities and  
12 Services Review Board is aware, MENTOR ABI  
13 operates the state's only licensed  
14 community-based residential rehabilitation center  
15 located in Carbondale and has recently received  
16 approval to develop a 100-bed center in  
17 Des Plaines. We currently admit patients from  
18 the Chicago area to our Carbondale facility and  
19 fully understand the difficulties for both the  
20 patient and his or her family when the patient is  
21 receiving care so far from home.

22 The applicant, ResCare Premier, Inc., is  
23 seeking permit approval for a community-based  
24 residential rehabilitation center which will

1 allow the licensing of its existing Downers Grove  
2 facility. Because of the large size of the  
3 patient population suffering from acquired brain  
4 injuries and because the patient benefit --  
5 because of the patient benefits that can be  
6 realized through programs such as those offered  
7 by MENTOR ABI and proposed to be offered by the  
8 applicant, we are pleased to support ResCare's  
9 permit application. We believe that in the  
10 metropolitan Chicago area there is certainly  
11 sufficiently large client base to support both  
12 programs.

13 We recognize that approval of ResCare's  
14 permit application will require legislative  
15 action to expand the number of licensed  
16 community-based residential rehabilitation  
17 centers permitted to operate in Illinois. In  
18 fact, MENTOR ABI has been actively involved in  
19 the development of, and advocacy for, pending  
20 legislation that would provide for this  
21 expansion.

22 We intend to continue our advocacy in  
23 support of this legislation. If passed into law,  
24 the legislation will allow ResCare and others to

1 furnish much-needed center services to those  
2 suffering from traumatic brain injury.

3 Thank you for the opportunity to provide  
4 this testimony. Robin Roy, Executive Vice  
5 President, Center for Community Services and  
6 MENTOR ABI.

7 HEARING OFFICER HALL: Stacy McCarty?

8 MS. STACY MC CARTY: Good morning.  
9 My name is Dr. Stacy McCarty. I'm a board  
10 certified physician in physical medicine and  
11 rehabilitation. I'm also a physician with the  
12 Rehabilitation Institute of Chicago day  
13 rehabilitation center and outpatient center in  
14 Willowbrook, Illinois, and I serve as the medical  
15 director for ResCare Premier Neuro-Rehabilitation  
16 Center.

17 I would like to thank the Health Facilities  
18 and Services Review Board for the opportunity to  
19 provide testimony about the services ResCare  
20 Premier Neuro-Rehabilitation Center provides to  
21 residents.

22 I didn't spell my name. Stacy, S-t-a-c-y,  
23 McCarty, M-c-C-a-r-t-y.

24 As my colleague, Janice Fryklund,

1           previously discussed, traumatic brain injury  
2           affects an estimated 3.17 million Americans.  
3           While acute care rehabilitation facilities  
4           provide excellent restorative care, they're not  
5           equipped to provide the full continuum of  
6           rehabilitation care to individuals with traumatic  
7           brain injuries and acquired brain injuries.

8                     ResCare Premier works closely with key  
9           stakeholders in the brain injury industry,  
10          including but not limited to the Rehabilitation  
11          Institute of Chicago, the Marion Joy  
12          Rehabilitation Hospital, Rush University Medical  
13          Center, Lutheran General Rehabilitation Hospital,  
14          the Illinois Brain Injury Association, and local  
15          neurophysiologists, neuropsychiatrists, and  
16          internists with an acute brain injury specialty  
17          to meet service gaps in the continuum of care for  
18          adults with acquired brain injury.

19                    ResCare programs are designed to provide  
20          residents a seamless coordination of care and the  
21          transition from an acute care hospital setting to  
22          postacute care rehabilitation. Prior to  
23          admission, ResCare nurses work closely with the  
24          medical team at the hospital, or the other

1 setting, the resident, and his or her family to  
2 develop an individualized care plan designed to  
3 help each resident achieve his or her maximum  
4 independence. Each resident's specific interests  
5 or preferences are incorporated into his or her  
6 individualized care plan.

7 The care plan is continually evaluated to  
8 ensure each resident's needs are met. Members of  
9 the care team meet weekly with the resident and  
10 his or her family for a progress review, and a  
11 plan is continually modified to meet the  
12 resident's changing needs.

13 We utilize an interdisciplinary team  
14 approach to establish outcome goal plans for each  
15 resident and to ensure that every resident  
16 receives the best possible care. Licensed  
17 speech, cognitive, physical, occupational, and  
18 vocational therapists collaborate to provide the  
19 best possible care to the residents. The  
20 therapists work with the program director and  
21 nursing staff to coordinate specific  
22 rehabilitation goals for each resident. Each  
23 resident receives a minimum of three hours of  
24 intensive therapy per day. As part of the

1 continuity of care, each resident is assigned a  
2 therapist who will treat the resident each day.

3 When a resident is admitted to our  
4 rehabilitation center, our nursing staff works  
5 with the resident's family to ensure he or she is  
6 receiving high-quality care from the day he or  
7 she is admitted to the rehabilitation center up  
8 to and after discharge. While our  
9 rehabilitation -- while at our rehabilitation  
10 center we provide individualized care to each  
11 resident. This includes not only continual  
12 reinforcement of established personal care goals  
13 but also coordination and transportation to all  
14 doctors' appointments. Finally, trained  
15 caregivers are available 24 hours a day to care  
16 for the residents.

17 We are very proud of the services we  
18 provide and respectfully request that the Health  
19 Facilities and Services Review Board grant a  
20 certificate of need to ResCare to allow us to  
21 continue to provide exceptional care to  
22 individuals with acquired brain injury and  
23 traumatic brain injury.

24 HEARING OFFICER HALL: Angela Hill?

1 MS. ANGELA HILL: Good morning. My  
2 name is Angela, A-n-g-e-l-a, Hill, H-i-l-l, and  
3 I'm a speech language pathologist at ResCare  
4 Premier Neuro-Rehabilitation Center in Downers  
5 Grove.

6 I would like to thank the Health Facilities  
7 and Services Review Board for this opportunity to  
8 express my support for this project and to  
9 provide testimony about the exceptional care we  
10 provide our residents.

11 As previously discussed, approximately  
12 235,000 people are hospitalized annually with  
13 traumatic brain injuries, and approximately  
14 40 percent of those individuals have at least one  
15 unmet need for services one year after injury.  
16 ResCare addresses these service gaps and serves a  
17 much-needed role in the continuum of care for  
18 brain injury rehabilitation in the Chicago area.

19 As my colleague, Elizabeth Watson,  
20 discussed earlier, our residential rehabilitation  
21 continuum offers unique and innovative services  
22 that are not otherwise available in the acute  
23 care hospital setting. As part of our  
24 residential rehabilitation services, we develop

1 individualized care plans to meet the specific  
2 needs and resources of each individual to help  
3 residents transition to a more active  
4 community-oriented lifestyle.

5 We utilize an interdisciplinary team  
6 approach to establish an outcome goal plan for  
7 each resident. Program goals include improved  
8 medical status and management of complications,  
9 improved functional and cognitive abilities,  
10 patient and family education, and acquiring the  
11 skills necessary to facilitate return to the  
12 community.

13 In addition, expectations of the resident,  
14 family, external case managers, funding  
15 representatives, and the treatment team are  
16 integrated in the outcome goal plan. Residents  
17 achieve their goals based upon each individual's  
18 unique strengths, needs, and resources.

19 The outcome goal plan guides the  
20 rehabilitation process across the residential  
21 rehabilitation continuum. Outcome goal plans are  
22 reviewed and continually updated by those  
23 involved in the treatment process to address  
24 residents' changing needs.



1           At ResCare we believe that therapy does not  
2 occur in isolation but rather is a part of every  
3 activity. Limitless naturally occurring learning  
4 opportunities exist in our intimate home-like  
5 residences. In this environment, participants  
6 engage in authentic activities that promote the  
7 practical application of skills.

8           Additionally, we encourage residents to  
9 take full advantage of every community resource  
10 to provide additional opportunities for  
11 development of skills and confidence.

12           Therapeutic activities focus on success in  
13 activities of daily living and promote physical,  
14 cognitive, behavioral, and social skill  
15 development. Therapists work with rehabilitation  
16 educators in the home, work, and community to  
17 ensure that emerging skills are practiced in the  
18 daily routine. Psychological and medical  
19 services are also integrated into the overall  
20 treatment.

21           Our goal is to assist each resident to  
22 achieve his or her goals and to develop necessary  
23 skills through real life experiences to build  
24 relationships and greater self-sufficiency.

1           I would like to thank the Health Facilities  
2           and Services Review Board for the opportunity to  
3           express my support for ResCare Premier  
4           Neuro-Rehabilitation Center. I urge the Board to  
5           grant ResCare a certificate of need permit so we  
6           can continue to provide innovative and quality  
7           care to individuals suffering from acquired brain  
8           injury and traumatic brain injuries.

9           Thank you very much.

10           HEARING OFFICER HALL: Kara Friedman?

11           MS. KARA FRIEDMAN: I'm Kara Friedman  
12           with the law firm of Polsinelli & Shugart. I  
13           just have a -- since we have the opportunity to  
14           have this public forum, I have a formal request  
15           at this time that this matter does proceed to the  
16           April planning board meeting. It is tentatively  
17           scheduled for consideration at that meeting, and  
18           we would request that it be heard notwithstanding  
19           the fact that legislation may not have been  
20           enacted by that time and the applicant would be  
21           willing to take a conditional permit; the  
22           condition being that it will not seek licensure  
23           under the demonstration project until legislation  
24           permitting additional sites for the demonstration

1 be approved.

2 So thank you very much for the opportunity  
3 today, and thank you, Mr. Axel, for your support.

4 That's all I have. That's all we have.

5 HEARING OFFICER HALL: Okay. I would  
6 like to thank the Downers Grove city council  
7 chambers for the use of their facility today. I  
8 see that there is no one else here to speak, so I  
9 would like to remind everyone to submit your  
10 written comments to me so that we have this  
11 information for the record.

12 This project is scheduled for consideration  
13 by the Illinois Health Facilities and Services  
14 Review Board at its April 20th through 21st,  
15 2010, meeting. A location for this meeting is  
16 still being determined.

17 The public has until March 31st, 2010, to  
18 submit written comments. These comments can be  
19 sent to my attention at the Illinois Department  
20 of Public Health, at 525 West Jefferson Street,  
21 2nd floor, Springfield, Illinois 62761-0001. If  
22 you prefer, you may fax your comments. The fax  
23 number is (217) 785-4111.

24 Are there any questions?

1                   Seeing that there are no additional  
2                   questions or comments, I deem this public  
3                   hearing --

4                   MS. KARA FRIEDMAN I have one  
5                   comment. This is Kara Friedman. We also want to  
6                   note for the record that we are submitting a  
7                   number of letters in support of the project and  
8                   we will tender them to you at the conclusion.

9                   HEARING OFFICER HALL: All right.  
10                  This public hearing is adjourned. Thank you.

11   (Which were all the proceedings  
12   had in the above-entitled matter  
13   at the hour of 10:45 p.m.)


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STATE OF ILLINOIS )  
 ) SS.  
COUNTY OF DU PAGE )

I, LYNETTE J. NEAL, Certified Shorthand Reporter No. 084-004363, do hereby certify that I reported in shorthand the proceedings had in the above-entitled matter and that the foregoing is a true, correct, and complete transcript of my shorthand notes so taken as aforesaid.

IN TESTIMONY WHEREOF I have hereunto set my hand this 25th day of March, 2010.



\_\_\_\_\_  
Certified Shorthand Reporter

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