May 6, 2010

CERTIFIED MAIL RETURN RECEIPT REQUESTED

Charles Foley
Charles H. Foley and Associates
1638 South MacArthur Blvd.
Springfield, Illinois 62704

RE:

Illinois Health Facilities Planning Act 20 ILCS 3960

Project #10-007 – Manor Court of Freeport

Dear Mr. Foley:

We are in the process of reviewing the application for permit (Project #10-007) to discontinue a 45 bed long term care facility and establish a 90 bed long term care facility. We are going to need the FMV of the space allocated to the number of beds being proposed. We will also need to know how the fair market value was determined. We will need the following documents:

- New Project Costs and Sources of Funds Statement
- New Cost Space Requirements Schedule the cost needs to allocated
- A Safety Net Impact Statement

This is considered a Type A Modification and a Type A modifications is subject to the public hearing requirements of 77 Ill. Adm. Code 1130. If requested, a hearing would occur within the time allocated for IDPH review.

Should you have any questions please contact Mike Constantino at 217-782-3516.

Sincerely,

Mike Constantino Project Reviewer

Attachment: Safety Net Impact Format

Safety Ne	t Information per	r PA 96-0031	
	CHARITY CAR	<u> </u>	
Charity (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			
Charity (cost In dollars)			
Inpatient			
Outpatient			
Total			
	MEDICAID		
Medicaid (# of patients)	Year	Year	Year
Inpatient			
Outpatient			
Total			

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