

Constantino, Mike

From: John Kniery [JKniery@foleyandassociates.com]
Sent: Thursday, August 09, 2012 2:36 PM
To: Constantino, Mike
Cc: Fike, Donald; Merle Taylor; Cox, Verna; Wilson, Ronald; Barbie Moore
Subject: FW: Message from KMBT_363
Attachments: SCFA12080912430.pdf

Mr. Constantino: Enclosed are three additional return signature receipts (Green Cards) for the certified mailing of the impact letters previously provided. This brings the total number of green cards returned to fifteen out of the sixteen. Additionally, you will find an impact letter from Ms. Allen, Administrator of Fairview Nursing Center. Thanks for your consideration.

John P. Kniery

Health Care Consultant
Foley & Associates, Inc.
1638 So. MacArthur Boulevard
Springfield, Illinois 62704
217.544.1551 - Office
217.544.3615 - Facsimile
foley@foleyandassociates.com

jkniery@foleyandassociates.com

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From: Administrator
Sent: Thursday, August 09, 2012 12:43 PM
To: John Kniery
Subject: Message from KMBT_363

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:

Marion Rehab & Vsg. Center
1301 East DeYoung
Marion, IL 62959
Attention: Administrator

2. Article Number

(Transfer from service label)

7010 2780 0000 8789 1705

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Terry Thomas ☒ Agent ☐ Addressee

B. Received by (Printed Name)

Terry Thomas

C. Date of Delivery

8-6-12

D. Is delivery address different from item 1? ☐ YesIf 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

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:

Parkway Manor
3116 Williamson County Pkwy
Marion, IL 62959
Attention: Administrator

2. Article Number

(Transfer from service label)

7010 2780 0000 8789 1675

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Wanda Fether ☐ Agent ☐ Addressee

B. Received by (Printed Name)

Wanda Fether

C. Date of Delivery

8-6

D. Is delivery address different from item 1? ☐ YesIf 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

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:

Shawnee Christian Nsg. Ctr.
1901 19th Street
Herrin, IL 62948
Attention: Administrator

2. Article Number

(Transfer from service label)

7010 2780 0000 8789 1699

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Debbie Celler ☐ Agent ☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1? ☐ YesIf 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

FAIRVIEW NURSING CENTER
602 East Jackson Street
Du Quoin, IL 62832
618-542-3441

FOLEY & ASSOCIATES INC.
1638 South MacArthur Boulevard
Springfield, IL 62704

August 8, 2012

Re: Jackson County Rehab and Care Center

Dear Mr. Kniery

I am the Administrator of Fairview Healthcare and Rehabilitation Center located at 602 East Jackson Street in Du Quoin, IL. Fairview is a skilled nursing facility with 76 licensed beds, including 20 Medicare licensed beds.

As of this date, the census at Fairview is 51 residents. Over the past few years, the census has remained an average of 50 residents.

Fairview is willing and able to accommodate approximately 25 residents from the Jackson County Rehab and Care Center.

If any further assistance is needed, please don't hesitate to contact me at the facility.

Sincerely,

A handwritten signature in black ink that reads "Jeni Allen". The signature is written in a cursive, flowing style.

Jeni Allen
Administrator
Fairview Nursing Center