



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

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 • FAX: (217) 785-4111

**September 26, 2017**

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Jedediah L. Cantrell, FACHE, MBA, RHIA  
SwedishAmerican Health System Corporation  
1401 East State Street  
Rockford, Illinois 61104

Re: **INTENT TO DENY**  
**PROJECT NUMBER #17-019** – SwedishAmerican Hospital, Rockford

Dear Mr. Cantrell:

On September 26, 2017, the Illinois Health Facilities and Services Review Board (“HFSRB”) issued an Intent to Deny for the above-referenced application for permit. Pursuant to 77 Ill. Adm. Code 1130.670 (“Code”), you have the opportunity to appear before HFSRB and present additional information. If you decide to use this opportunity, you must adhere to the requirements of the Code as follows:

Applicant's Response

You shall notify HFSRB in writing within 14 days of the Intent to Deny and indicate whether you intend to appear before HFSRB and submit additional information.

Action Following Notice of Intent to Deny

The application will be considered withdrawn if you state that you do not wish to appear before HFSRB or if a written response is not received timely. If you state that you will appear before HFSRB, but indicate that no additional information will be submitted, HFSRB will consider the application at its next meeting. If you indicate that additional information will be submitted, you have 60 days from the date of the Intent to Deny to submit the materials. Within 60 days of receiving the additional materials, HFSRB staff will review the materials and submit its findings to HFSRB in a supplemental report.

Deferrals by Applicant

An application that received an Intent to Deny and has been scheduled for consideration can be deferred by the applicant up to one year after the Intent to Deny. You must notify HFSRB of the deferral in writing prior to the scheduled HFSRB meeting or verbally at the HFSRB meeting.

Should you have any questions regarding the permit requirements, please contact Jeannie Mitchell at [Jeannie.Mitchell@illinois.gov](mailto:Jeannie.Mitchell@illinois.gov) or 312-814-6226.

Sincerely,

A handwritten signature in blue ink that reads "Kathy Olson". The signature is written in a cursive style with a long horizontal line extending from the end of the name.

Kathy Olson, Board Chair  
**Illinois Health Facilities and Services Review Board**

cc: Courtney Avery, Administrator