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Transcript of Public Hearing

Date: October 27, 2017

Case: Project #17-044, Smith Crossing, Orland Park

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ILLINOIS HEALTH FACILITIES AND SERVICES

REVIEW BOARD

PUBLIC HEARING

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In Re: :

Project #17-044, Smith :

Crossing, Orland Park :

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PUBLIC HEARING

Orland Park, Illinois

Friday, October 27, 2017

11:00 a.m.

Job No.: 163785

Pages: 1 - 55

Reported by: Tiffany M. Pietrzyk, CSR RPR CRR

1 Public Hearing, held at the location of:

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ORLAND PARK CIVIC CENTER

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14750 Ravinia Avenue

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Orland Park, Illinois 60462

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708.403.6200

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Before Tiffany M. Pietrzyk, a Certified
Shorthand Reporter, Registered Professional
Reporter, Certified Realtime Reporter, and a
Notary Public in and for the State of Illinois.

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PRESENT:

JEANNIE MITCHELL, General Counsel/Hearing

Officer

RICHARD SEWELL, Board Member

COURTNEY AVERY, Administrator

ANN GUILD, Compliance Manager

1 P R O C E E D I N G S

2 MS. MITCHELL: Good morning. We're going
3 to get started.

4 Thank you for participating in today's
5 public hearing, Smith Crossing, Project No.
6 17-044. I am Jeannie Mitchell, General Counsel
7 and Hearing Officer for the Illinois Health
8 Facilities and Services Review Board. Present
9 with me today are representatives of HFSRB: Board
10 Member Richard Sewell, Administrator Courtney
11 Avery, and Compliance Manager Ann Guild. On
12 behalf of HFSRB, thank you for attending.

13 As per the rules of the Illinois Health
14 Facilities Planning Act, the previously published
15 legal notice has been submitted to the court
16 reporter and will be included in today's record.

17 Please note that in order to ensure that
18 the Health Facilities and Services Review Board's
19 public hearings protect the privacy and maintain
20 the confidentiality of an individual's health
21 information, covered entities, as defined by the
22 Health Insurance Portability and Accountability
23 Act of 1996, such as hospital providers, health
24 plans, and health care clearinghouses submitting

1 oral or written testimony that disclose protected
2 health information of individuals shall have a
3 valid written authorization from that individual.
4 The authorization shall allow the covered entity
5 to share the individual's protected health
6 information at this hearing.

7 If you have not signed in yet, please see
8 Courtney Avery.

9 Participants will be called in numerical
10 order as assigned on a sign-in sheet. When you
11 approach the speaker's podium, please provide me
12 your sign-in sheet. Prior to beginning your
13 remarks, please clearly state and spell your name.

14 Please note that you may submit your
15 written text, which will be entered into today's
16 record and made available for all HFSRB members
17 prior to the board meeting. Even if you're
18 providing oral testimony, I ask that you provide
19 any written comments of your remarks for the
20 benefit of the court reporter if you have them.

21 Please limit your testimony to three
22 minutes.

23 Are there any questions regarding these
24 instructions?

1 Hearing none, today's proceedings will
2 begin with a representative from Smith Crossing.
3 No. 21.

4 MS. SCOFIELD: Good morning. I am reading
5 as a proxy for Dr. Edward Joy. He works for
6 Integrity Orthopaedics. He's one of the
7 physicians there.

8 Dear Certificate of Need Board, I am an
9 orthopaedic surgeon whose practice is in Tinley
10 Park. I primarily operate and provide inpatient
11 orthopaedic care at Palos Health Hospital.

12 I would like to lend my support to the
13 Smith Crossing skilled nursing facility expansion.
14 I have noticed the exceptional quality of care our
15 patients receive at Smith Crossing. The patients
16 follow up in our office with good hygiene, clear
17 communication with the facility nurses and
18 therapists, and overall high satisfaction with
19 their experience. Smith Crossing is my preferred
20 facility for postsurgical care for my patients.

21 One of the challenges we currently have is
22 bed availability. The aging population is
23 expanding, and utilization review at the hospital
24 is going to decrease the length of inpatient stay

1 and increase the value for local skilled nursing
2 facilities. I can confidently say that Smith
3 Crossing has the proper culture, mission, and
4 leadership to extend these services without
5 dropping the quality of care.

6 I have attended multidisciplinary care
7 meetings for my mother, who was a skilled facility
8 nursing patient twice, and was impressed with
9 their professionalism and focus.

10 I apologize for not being able to attend
11 your hearing. Please accept Ms. Bianca Scofield
12 as my proxy. Ms. Scofield is our practice manager
13 at Integrity Orthopaedics and understands my views
14 regarding this matter and focus on quality patient
15 care. Dr. Edward Joy. Thank you.

16 MS. MITCHELL: Number 2.

17 MS. JANULIS: Good morning. I'll be
18 submitting written testimony as well.

19 MS. MITCHELL: You can say it at the
20 podium.

21 MS. JANULIS: Good morning. My name is
22 Wendy Janulis, J-a-n-u-l-i-s. I am the regional
23 vice president of Operations For Extended Care
24 Clinical, LLC. I am here on behalf of Lemont

1 Nursing and Rehabilitation in opposition of this
2 project. We will be submitting written comments.
3 Thank you.

4 MS. MITCHELL: Number 11.

5 MS. PISHA: Good morning. My name is
6 Leslie Pisha, and I am here in support of the
7 expansion of Smith Crossing.

8 My relationship with Smith Crossing has
9 been personal and it's been professional.
10 Personally, I know a family that is one of the
11 pioneers, one of the founders of Smith Crossing,
12 and so I've known them from the very beginning.
13 And their reputation for making residents' lives
14 successful and independent is renowned in the
15 southwest suburbs.

16 Currently, I am the community relations
17 liaison for Evergreen Senior Living, and we are
18 the direct neighbor just west of Smith Crossing,
19 and so I also know of Smith Crossing's reputation
20 professionally. They have an excellent reputation
21 for meeting the needs of their families and
22 providing exceptional care. Our campus provides
23 only assisted living and memory support assisted
24 living, so we do not have the availability when

1 our residents need rehab to offer that ourselves.
2 We have noticed that our families' first choice
3 for rehab has been Smith Crossing. Unfortunately,
4 they have been unable to accommodate our families
5 and our residents because they do not have the
6 availability. This causes our families and our
7 residents to choose other locations for their
8 rehab.

9 Our residents' families want Smith
10 Crossing's rehab program because it provides
11 incredible results and little time away from their
12 home, which is our community. They come back
13 rested and secure and safe. We want this rehab
14 resource for our residents and for our families
15 because we are great neighbors and we love the
16 vision and the mission that they provide.

17 Please grant Smith Crossing's request to
18 provide more rehab care for our adults and their
19 families. Thank you.

20 MS. MITCHELL: Number 4.

21 MR. BERKOVITS: Good morning. My name is
22 Fred Berkovits, B-e-r-k-o-v-i-t-s, and I'm a
23 regional director of operations for BRIA Health
24 Services. We have two facilities within the

1 30-minute drive area to this project, and we are
2 here in objection to the proposed project.

3 I should point out that Smith Crossing
4 SNIF was never approved through a CON when it was
5 originally built; rather, it was established
6 through a waiver granted to allow for the
7 continuum of its own resident community
8 transferring from its own AL and IL. At this time
9 they are claiming that they never built the
10 original beds to serve its own community. And it
11 is clear that the applicant no longer operates the
12 skilled unit as a continuum of care to serve its
13 own community, as evidenced by the previous
14 speaker.

15 Now, the applicant claims that it has
16 turned away 2,494 referrals over an 18-month
17 period. Clearly, those referrals were not of
18 patients within applicant's own community. In
19 fact, applicant states that it only holds three
20 beds open for its existing campus residents;
21 clearly evident that the original submission for
22 the waiver intended to attract Medicare patients
23 from the community that was already overserved
24 rather than to keep those beds available for the

1 hundred percent private-pay patients existing in
2 its current community as they stated throughout
3 their original application.

4 In the current application, CCRCs are not
5 the only comparable facilities, and the other 20
6 facilities in the area must be considered. Those
7 facilities have more than adequate beds available.
8 BRIA currently operates a brand-new short-term
9 rehabilitation facility in Palos Hills with a bed
10 capacity of 68. Current census is 54 percent.
11 BRIA has never had to turn away a rereferral for
12 lack of available beds.

13 There's no need for an additional 46
14 Medicare beds in an oversaturated market and an
15 area where providers are currently struggling with
16 census, with staffing, and with profitability. We
17 contend that it was based on the foregoing
18 representations that the original variance was
19 approved, and now the applicant intends to build a
20 SNIF unit that is the opposite model of what they
21 originally applied for. And the community is in
22 greatest need of SNIF services for the indigent,
23 not for an exclusive community for the affluent.
24 Thank you very much.

1 MS. MITCHELL: Number 13.

2 MS. MAUCERI: Good morning. My name is
3 Amanda Mauceri, and I am the director of Evergreen
4 Senior Living; as Leslie mentioned, just to the
5 neighbor of Smith Crossing. We are currently
6 serving 82 residents. Evergreen Senior Living is
7 own and operated by Heritage Enterprises.

8 Typically, Heritage communities have a
9 skilled nursing and rehabilitation right on their
10 campus. In this particular location, we do not.
11 So we rely on buildings like Smith Crossing to
12 help us with skilled care and for rehabilitation.

13 I have both a personal and professional
14 relationship with Smith Crossing. Personally, I
15 have a fondness as I helped and had the honor of
16 opening Smith Crossing 13 years ago. To watch the
17 building grow and have its unmatched reputation
18 and watch a home for all the seniors involved has
19 been pretty amazing. With all the growing number
20 of seniors in this area, Evergreen Senior Living
21 is in full support of the possibility of Smith
22 Crossing's expansion with their rehabilitation.

23 Our seniors and their families would
24 benefit greatly from this expansion. Knowing that

1 Evergreen Senior Living and Smith Crossing share
2 the same mission of having older adults be able to
3 return to their previous independent levels with
4 rehab is amazing. On behalf of Heritage
5 Enterprises and all of our current residents and
6 future residents of Evergreen Senior Living, we
7 hope that you grant Smith Crossing more
8 rehabilitation beds with this growing number of
9 senior population. Thank you.

10 MS. MITCHELL: Number 6.

11 MR. WEISS: Natan Weiss, N-a-t-a-n
12 W-e-i-s-s.

13 My name is Natan Weiss. I'm the CFO of
14 BRIA Health Services. I oppose this project for a
15 number of reasons, but I'm only going to talk
16 about a few as Fred talked about most of them.

17 This project, while there is a bed need in
18 the calculation and a bed need calculation is very
19 important, the bed need in this HSA does not take
20 into consideration the adjoining HSA, was is
21 overbedded. But I don't want to focus on that. I
22 want to require on the other requirements for a
23 CON, the Certificate of Need, for the State of
24 Illinois to get a license to operate a skilled

1 nursing facility. There are 21 questions an
2 applicant to fill out a CON, and all of these are
3 important and go with the state mandate.

4 The other questions besides the bed need
5 are related to financial feasibility, which this
6 facility has, but there are caps. And there's
7 also questions regarding access of care. When
8 this facility answered its questions regarding
9 caps, the answer was we don't need to worry about
10 caps on square footage, we don't need to worry
11 about caps of spending. We're spending
12 \$22 million on 46 units, unlike everybody else in
13 the state. We're doing more square footage than
14 everybody in the state. Why? Because we serve
15 the wealthy. That's who we serve. We serve the
16 cream of the crop; therefore, we shouldn't be
17 bound by these requirements of your state, of the
18 board. That's inappropriate. It's social
19 injustice. It's against the state mandate. And
20 it's against the board's own regulations and how
21 they work.

22 The board is here to only provide licenses
23 that increase access of care. They're supposed to
24 make sure that there's access of care, not allow

1 closures when it's going to limit access to care,
2 and make sure that access of care -- it does not
3 say anywhere for the wealthy. It actually says
4 for the indigent and the poor. That's who the
5 state is supposed to are worry about and take care
6 of. This community is specifically being geared
7 to and made for the Medicare population and the
8 private-pay population. That's it.

9 In addition, in 2003, when they applied
10 for -- by the way, they said the taste of the
11 wealthy is to have more space. I don't think it's
12 the taste of any socioeconomic level to have more
13 space. I think the state put requirements on them
14 so that we know we'd be serving everybody.

15 The other thing that is bothering me on
16 this application is that the applicant came on in
17 2003 and said very clearly they needed this as an
18 ancillary service for their independent living and
19 assisted living. They needed 30 beds -- that was
20 the original claim -- to service their independent
21 living and assisted living. Now they say they're
22 getting too many people from the community, they
23 can't even service those. They want to keep three
24 beds open. Statistically, they said they needed

1 30 beds. Statistically, that means there are
2 people in the independent living and assisted
3 living that need more higher levels of care that
4 are either not getting it statistically or are
5 getting it in an unlicensed setting. Those should
6 be bothering the state more than them soaking up
7 46 beds on the edge of a second HSA that's
8 overbedded.

9 As far as buildings that have space, we
10 have a unit we added on for \$19 million onto a
11 building that's 223 that Fred spoke about. That
12 building services a hundred public aid residents
13 that are long-term care every single day. We also
14 have additional beds available for short-term
15 care. We have excellent quality incomes. We have
16 everybody home between 11 and 17 days when they
17 come home. We also have long-term care beds for
18 those people. When they can't afford it, we take
19 the public aid. We have everybody, 104 patients
20 today on public aid that are long-term care. We
21 don't turn people away because they can't get
22 afford the care. The statute is there for this
23 reason.

24 If the state wanted everybody to build Taj

1 Mahal so wealthy people could get care, there
2 would be no CON board, no requirements, and
3 everybody could build a free market however they
4 wanted. In our state, where per capita we have
5 more indigent people than, I believe it's 40
6 something states in the whole country, we need to
7 be caring for those people. It's their right and
8 it's not right to take those 46 beds that should
9 be used somewhere else in that HSA to be used only
10 for the wealthy. Thank you.

11 MS. MITCHELL: Number 1.

12 MR. MCGUE: Good morning. My name is
13 Kevin McGue, M-c-G-u-e. I am the president and
14 CEO of Smith Senior Living. It is an honor to be
15 here today as a native of Orland Park, being born
16 and raised in this community.

17 Just yesterday, I celebrated my 19th
18 anniversary with the organization. During that
19 time I was the first executive director of Smith
20 Crossing. We opened the doors in November of
21 2003, which would be 14 years ago next month.

22 Smith Senior Living is proud to sponsor
23 Smith Crossing in offering quality services to the
24 community, as Smith Crossing is rated as a

1 five-star nursing facility through CMS. With the
2 population growth in Will County as evident of the
3 bed need of 274 established by the State of
4 Illinois, Smith Crossing wishes to expand rehab
5 services into this market.

6 On behalf of Smith Crossing, we are
7 applying to add 46 beds to our existing community.
8 The increase will fulfill 17 percent of the need
9 documented by the State of Illinois for Will
10 County. We are here today to share with you why
11 Smith Senior Living and Smith Crossing are
12 prepared to invest in a third expansion of our
13 community since we first began construction in
14 August of 2003 in Orland Park.

15 As a not-for-profit organization
16 established in 1924, our communities have served
17 older adults, always striving to provide the
18 finest residence and most engaging lifestyle
19 responsive to the expectations of current
20 residents and the next generation of senior
21 citizens. Today, we're preparing ourselves to
22 provide exceptional care for baby boomers,
23 expecting them to have the same effect on senior
24 living and rehab services as they did on our

1 school systems in the 1950s.

2 Thanks to the stewardship of our trustees
3 and leadership team for more than 90 years, we are
4 able and ready to invest in the future to serve
5 the community in the next generation. Thank you.

6 MS. MITCHELL: Number 3.

7 MS. THURN: Good morning. I am Kay Thurn,
8 and I have been serving on the board of Smith
9 Senior Living since 2008 and was elected chairman
10 of the board of Smith Senior Living in September
11 of 2017.

12 My career has been dedicated over the last
13 many years -- I won't put a number on it -- as an
14 educator for nurses. I have most recently worked
15 for DePaul University as the special assistant to
16 the provost for health initiatives, and prior to
17 that, I was the interim dean of the School of
18 Nursing at St. Xavier University.

19 Smith Crossing represents the gold
20 standard of using evidence-based outcomes to
21 ensure that rehab patients return to their highest
22 possible level of independence in their home in
23 the southwest suburban area and on the Smith
24 Crossing campus if that's their home place at the

1 time.

2 As an educator who has prepared healthcare
3 professionals, nurses, nursing assistants, some
4 paraprofessionals, it's important for these folks
5 to see evidence-based practice, the best possible
6 care that can be seen in a clinical setting which
7 is offered at Smith Crossing. Thus, they're able
8 firsthand to see what best practices are and how
9 they're implemented.

10 As board chair to Smith Senior Living,
11 which sponsors Smith Crossing, I express the
12 wholehearted commitment of our governing board of
13 trustees to support and advocate for Smith
14 Crossing's desire to help more older adults by
15 expanding its rehab program and services. Thank
16 you.

17 MS. MITCHELL: Number 5.

18 And please remember to state and spell
19 your name before you begin reading your remarks.

20 MR. ANELLO: Good morning. My name is
21 Andy Anello, A-n-e-l-l-o, and I have been a
22 resident of Orland Park for 33 years. And I have
23 three sons and I was very active with my boys.
24 They were part of the Orland Park Youth

1 Association football, basketball, baseball, and
2 soccer programs, of which I was involved in
3 coaching and also being on the boards of each one.
4 And I just absolutely love Orland Park.

5 I was approached late 1999 to become a
6 member of the Smith Senior Living Board because
7 there was thoughts of building Smith Crossing in
8 Orland Park. And once again, I have just got --
9 my roots are here in Orland Park, and it's just
10 been wonderful. I've been a volunteer member of
11 the board for 17 years. I've really enjoyed my
12 experience. When I joined the board, we purchased
13 the land for Smith Crossing. My wife is from
14 Iowa, and I knew where the property was located.
15 So we went out one day, and guess what it was when
16 we went out there? A cornfield. So Sue felt like
17 she was at home. We have come a long way, I would
18 say.

19 It has been an honor to serve on the
20 board. I've met many wonderful seniors. Because
21 I am from Orland Park, I have many friends whose
22 parents have enjoyed the Smith Crossing
23 experience.

24 One quick story. A resident that I've

1 gotten to know over the years had recently lost
2 her husband, and I went to console her. And we
3 were talking. And she said, Andy, this is the
4 best thing we had ever done. She said, We used to
5 go on a cruise every year and it was the best week
6 of our life. She said, Since we've been at Smith
7 Crossing, every day is like a cruise, and it's the
8 best days of our lives. That's what Smith
9 Crossing means to our seniors.

10 As Smith Crossing's board chair, I
11 underscore volunteer leadership's commitment to
12 ensure the finest quality care and continue to
13 contribute to the vitality of the southwest
14 suburban citizens' life for the long-term. Thank
15 you very much.

16 MS. MITCHELL: Number 7.

17 MR. AUGUST: Hello. My name is Chris
18 August, A-u-g-u-s-t. I'm proud to say that I've
19 been a part of the care and construction for Smith
20 Senior Living communities for 25 years now. I've
21 been a part of Smith Crossing. I worked for them
22 since 2002, with the first part of construction
23 before any bricks were even laid. I served as
24 their first environmental service director and was

1 also on the construction team when we expanded
2 between 2010 and 2012.

3 Smith Crossing is situated in Will County.
4 It's a 446,000-square-foot community consisting of
5 residency and common areas. It is located on the
6 south end of Orland Park just north of I-80
7 between La Grange and Wolf Road.

8 Over here, I'm going to move over to some
9 drawings here. This is a site plan. It's about
10 one-third of our community. Our vision is to add
11 a 45,000-square-foot, two-story addition with 46
12 beds on the west side of the property. As -- let
13 me slide this here.

14 As we move to the second floor, there will
15 be 23 apartments. This will be some common area
16 lounge space with visuals to the outside, a small
17 dining venue, and there will actually be a visual
18 to the foyer below.

19 As we look at the first floor for the next
20 drawing here, it will be 23 apartments. We'll
21 have a lounge area. They'll have access to an
22 indoor courtyard, access to the outside. Here
23 we'll have a cafe venue. It will be open-style
24 dining for the residents, family, and guests to

1 enjoy throughout the day.

2 As we move up here into our foyer area, we
3 have a separate well center, a different reception
4 desk. As you move up to the north side of the
5 building will be administration. Below that is
6 our rehab and physical therapy center. They'll
7 actually be able to take advantage of the outside
8 as well.

9 So we're proud and excited to get going on
10 this project, to add this 45,000-square-foot
11 building. The existing community, the
12 construction of the exterior consists of solid
13 brick and stone. It's multiple-level buildings.
14 When you look at the roof line, it's gorgeous.
15 It's mountainous. So if we look here to add to
16 this community, it's only going to enhance and add
17 to the character of Smith Crossing community.
18 Thank you.

19 MS. MITCHELL: Number 9.

20 MR. MANERIS: My name is Ray Maneris,
21 M-a-n-e-r-i-s. And I have been serving as the
22 chief financial officer for the last six years,
23 responsible for managing all aspects of the Smith
24 Organization's financial health.

1 Smith Crossing operates as part of a
2 family of three organizations established to
3 support and provide housing and other services to
4 senior adults. As a not-for-profit organization,
5 a No. 1 concern is our residents and their home.
6 This project will enable Smith Crossing to expand
7 its mission to meet the healthcare needs of
8 elderly residents by providing medical care and
9 supervision, as well as the social, civic,
10 cultural and recreational activities they deserve.

11 The future of long-term care is less about
12 short-term rehab, joints and broken limbs, and
13 more about habilitation and rehabilitation for a
14 more-acute-care patient that would have been
15 traditionally been cared for in a hospital
16 setting.

17 With confidence, Smith is ready to commit
18 to a \$22 million investment so we can build the
19 new rehab wing at Smith Crossing. As with the
20 original construction of Smith Crossing and the
21 major expansion in 2011, extensive market research
22 and detailed project financial feasibility studies
23 have been concluded for this newest expansion at
24 Smith Crossing. This latest market research and

1 financial feasibility study proved to the Smith
2 board that this project is financially feasible
3 and it will allow Smith Crossing to continue to
4 enhance the lives of the seniors it served in the
5 southwest suburbs and, at the same time, give the
6 confidence that we can continue to grow our
7 mission in the southwest suburbs. Thank you.

8 MS. MITCHELL: 15.

9 MS. GENIS: I'm Shelly Genis, G-e-n-i-s.
10 I'm a volunteer coordinator at Smith Crossing.
11 I've been in this role for just over five years.
12 I want to share with you a little bit about our
13 volunteer program and some of the ways that Smith
14 Crossing connects with the community.

15 Smith Crossing supports the local Scouts.
16 We assist Scouts from Orland Park, Mokena, Tinley
17 Park, New Lenox, and Frankfort earn their
18 requirements for various rank advancements. And
19 we even assisted a local Scout with his Eagle
20 project. In 2016, the local Scout spent over
21 100 hours at Smith Crossing.

22 Smith Crossing helps students with
23 admission requirements for various programs, such
24 as occupational, speech, and physical therapy.

1 Prior to being accepted into one of these
2 programs, students are required to observe an
3 occupational, speech, or physical therapist. And
4 in 2016, students spent over 200 hours in our
5 therapy suite observing.

6 Students are a large part of our volunteer
7 program. Students are required to volunteer for
8 high school graduation, National Honor Society,
9 and confirmation requirement. District 230
10 requires students to volunteer within a nonprofit,
11 and Smith Crossing is able to accommodate that
12 requirement. In 2016, students logged over
13 600 hours volunteering.

14 Throughout the years Smith Crossing has
15 helped students fulfill requirements for college
16 degrees. In 2016, Smith Crossing hosted interns
17 from University of Missouri, University of
18 St. Francis, and Chicago State University,
19 totaling over 700 hours.

20 Smith Crossing staff assisted students
21 earn degrees in healthcare administration, health
22 and human services, and recreation. Smith
23 Crossing has a partnership with Moraine Valley
24 Community College's nursing program, as well as

1 Chamberlain College of Nursing. In 2016, the
2 Smith Crossing nursing team assisted students with
3 over 3,000 hours of hands-on experience.

4 Here are some of the ways that Smith
5 Crossing reaches out to the community. We
6 assisted the Toy Box Connection in Orland Park by
7 sorting games and puzzles that are donated to
8 various children's charities. Smith Crossing's
9 bean bag team visited the Bridge Teen Center for a
10 summer bean bag tournament. Residents were
11 partnered up with students with the goal of
12 engaging, connecting, and empowering students.

13 We've served lunches for families at the
14 Ronald McDonald house in Oak Lawn. We
15 participated in the Walk to End Alzheimer's in
16 Orland Park; and in 2017, we were registered as
17 bronze sponsors. Every third Saturday of the
18 month, students of Smith Crossing make a hundred
19 lunches that are donated to the Daybreak Center in
20 Joliet.

21 Smith Crossing's doors are always open to
22 the community in order to share opportunities to
23 learn from our residents and our staff. It's the
24 culture of Smith Crossing to engage in activities

1 and events that bring us closer to the community.

2 Thank you.

3 MS. MITCHELL: 17.

4 MR. JORDAN: My name is Matthew Jordan,
5 J-o-r-d-a-n, and I am here on behalf of the
6 Lincolnway East High School Key Club in Frankfort,
7 Illinois. I'm the faculty advisor for that
8 organization.

9 We're affiliated with the Kiwanis
10 International associated with Frankfort. We've
11 been volunteering out at Smith Crossing for --
12 this is our tenth year going out there. And Smith
13 Crossing is, by far and away, one of the best
14 places for us to volunteer. Volunteering helps
15 our students sometimes get out of their bubble,
16 see how they're part of a larger community and how
17 they are actually valued and participated by a
18 community.

19 Key Club, as an international organization
20 is especially important. It has a special mission
21 of developing leadership in our young people in
22 preparing them for the future. Our motto is,
23 Caring, our way of life. Smith Crossing helps us
24 fulfill that particular motto.

1 Since Key Club is developing people, I
2 want to share a couple stories about specifics.
3 For instance, we have a transfer student moving in
4 from Michigan and doesn't really know a lot of
5 kids, looking for her niche. Taylor goes out to
6 Smith Crossing and finds how important the
7 residents there and the staff, how important she
8 is to fulfill those activities. And she contacts
9 me over the summer, saying Mr. Jordan, there's a
10 lot of other activities we'd like to do, can we
11 get the kids together for it. And she does that
12 on her own part and goes on to build up that
13 leadership from this little shy girl in the
14 corner. And today she is actually at Oxford over
15 in Britain right now.

16 Ryan, just last year graduated from our
17 school. Hundreds of hours of service out at Smith
18 Crossing. And through that developing leadership,
19 he was actually honored with a prestige us Hugh
20 O'Brien Leadership Aware because of the time he
21 dedicated out at Smith Crossing.

22 Our students connect with these residents.
23 One of their residents, Ruth, they got to know our
24 students really well and all the -- they exchange

1 cards and they contact -- there's one particular
2 family that the students, these sisters, they
3 invited Ruth to their graduation party. And she
4 came. And so there's this building of this
5 connection between these generations. Knowing
6 that these kids are valued and they are important
7 and they're getting ready to embark in the world.

8 Colleges want to see these well-rounded
9 students who exhibit strong character, leadership,
10 compassion, and will be good citizens on campus.
11 So it does go beyond the grades. And the service
12 that our students do at Smith Crossing develop all
13 of those things.

14 Danielle, a student a couple of years ago,
15 is currently going to the University of
16 St. Francis this their nursing program. She
17 always thought she wanted to be an elementary
18 teacher until she went to Smith Crossing and saw
19 firsthand what they did there. She found that was
20 much more to her personality.

21 Our club has experienced exponential
22 growth. And as we grow, we continue to have to
23 look for additional ways to find avenues for our
24 students to serve. Smith Crossing has done that

1 too. They have grown.

2 And I am here certainly in support of this
3 expansion because I know as they grow, that will
4 provide more opportunities for our students to get
5 a taste of how important they really are. And
6 thank you very much.

7 MS. MITCHELL: 19.

8 MS. MURPHY: Good afternoon. I'm Georgina
9 Murphy, G-e-o-r-g-i-n-a. I'm the director of
10 nursing for Moraine Valley. We have had a very
11 successful relationship with Smith Crossing for
12 over a decade.

13 In 2016, we had over a thousand students
14 at Smith Crossing for their clinical rotation.
15 The feedback from the students and the faculty has
16 always been very positive. The learning
17 environment at Smith Crossing is professional and
18 provides our students with the knowledge, skills,
19 and attitudes that they need to be successful.
20 Starting in the spring of 2018, it will be a
21 prereq for our nursing students to have their CNA
22 certificate.

23 That said, right now we service 300
24 students in that program, and we're thinking that

1 will double. We are also expanding our nursing
2 program, admitting an additional 24 students each
3 semester. This will greatly increase our need for
4 quality sites for our CNA and our nursing
5 students.

6 Expanding the Medicare beds at Smith
7 Crossing will allow us to train and graduate much
8 needed CNAs and future nurses in an environment
9 that we are proud to be a part of.

10 MS. MITCHELL: 23.

11 MR. CIRELOI: Good morning. My name is
12 Joe Cireloi, C-i-r-e-l-o-i. I represent the
13 Mokena Fire Protection District as their assistant
14 fire chief, and I'm here in support of the Smith
15 Crossing expansion.

16 Mokena Fire District has proudly served
17 Smith Crossing's campus since it was built in the
18 area for over a hundred years. Together we share
19 dedication to the safety and well-being of all of
20 our stakeholders, including the residents, staff,
21 and visitors on Smith Crossing's campus. We
22 regularly plan and conduct drills and other
23 exercises in conjunction with the staff and
24 residents of Smith Crossing. This includes a

1 full-scale disaster drill which simulated a
2 tornado and resident evacuations. Smith
3 Crossing's resident council periodically invites
4 us to present educational programs and information
5 to the residents, and we've been invited to attend
6 their safety committee meetings when deemed
7 appropriate.

8 A member of the resident council devotes
9 himself to concerns about safety and security and
10 provides a resident perspective, which is very
11 helpful in any of the conversations. When an
12 emergency occurs, both staff members and residents
13 are very responsive and they comply with the
14 procedures which we have jointly developed for the
15 campus.

16 The reason, addressing the need for the
17 expansion, since January 1st of 2010, our agencies
18 responded to Smith Crossing campus 1,471 times or
19 an average of 16 times per month. Now, that's for
20 all calls. Of these calls, we responded for
21 requests for emergency medical services 1,168
22 times or an average of 12 times per month during
23 the same period.

24 Many of the requests for EMS involve

1 patients who require hospitalization and
2 rehabilitation before they are discharged home.
3 Now, this isn't unique just to Smith Crossing. As
4 an aging community, the requests for EMS service
5 have increased 64 percent in the past several
6 years. And there's no slowing down. It keeps
7 increasing the requests for EMS.

8 Just as with the Smith Crossing residents,
9 many of our patients are cardiac and/or
10 orthopaedic in nature and require rehabilitation
11 prior to being discharged home. It is for this
12 reason that we are in support of the proposed
13 expansion of rehabilitation beds at Smith Crossing
14 and urge the board to grant the Certificate of
15 Need. Approval of the application will increase
16 access to an important service within our area.
17 Thank you.

18 MS. MITCHELL: Thank you. 25.

19 MS. MAYLONE: Good morning. My name is
20 Eileen Maylone, M-a-y-l-o-n-e. And I would like
21 to speak to you about my mother's experience at
22 Smith Crossing.

23 One year ago my mother was hospitalized.
24 At the end of her hospitalization, she required

1 rehab to finish her treatment and enable her to
2 return to living independently at her home. Our
3 first choice was Smith Crossing because we had
4 other family members who had been at Smith
5 facilities and had good experiences.
6 Unfortunately, the only bed available at the time
7 was in a facility that was last on our list, also
8 due to poor family experiences. Due to the poor
9 care that she received, she was readmitted to the
10 hospital after her condition declined.
11 Fortunately, this time there was a bed available
12 at Smith Crossing when she was ready for
13 discharge, and she was transferred there to
14 continue her rehab, and she was able to return
15 home.

16 As a nurse, I feel that there were two
17 important things at Smith Crossing that
18 contributed to her fast and complete recovery.
19 Number one was the excellent level of care that
20 she received. Every person involved with any
21 aspect of her care, from the medical and nursing
22 staff to the therapists, case managers, dietary
23 staff, right down to the housekeeping staff, knows
24 their job and does it well. When I have family

1 members hospitalized, I expect them to receive the
2 same level of care that I provide to my own
3 patients at work. This expectation was fully met
4 at Smith Crossing.

5 Second was the fact that she was in a unit
6 fully focused on helping patients recover and get
7 back to their normal lives. Being surrounded by
8 people who had the same goal as she did helped my
9 mom mentally just as much as the care helped her
10 physically. The environment is homelike and she
11 was able to rest in her private room, as well as
12 visit with friends. I do not think that my mother
13 would have had such a good outcome if we had not
14 been able to get her to Smith Crossing.

15 Thank you for this opportunity speak, and
16 I hope you'll consider this when making your
17 consideration.

18 MS. MITCHELL: 27.

19 MS. RYAN: Rosemary Ryan, R-y-a-n. I'm a
20 resident of Smith Crossing and have been for five
21 years.

22 I had two knee replacements before moving
23 into Smith Crossing, and my recoveries with those
24 were vastly different from my recovery from a knee

1 revision at Smith Crossing. A knee revision
2 involving taking out the metallic parts of the
3 replacement and cleaning up the joint and putting
4 in new, stronger parts.

5 My first two knee surgeries, I was
6 assigned a visiting nurse. I lived at my house.
7 I was assigned a visiting physical therapist three
8 times a week and a visiting nurse two times a week
9 to dress my wounds, take my vitals, and report to
10 the doctor. At Smith Crossing's rehab center, I
11 had much more therapy and care: 11 physical
12 therapy and occupational therapies per week. I
13 recovered in just eight weeks, four weeks sooner
14 than my early recoveries when I was in my house.
15 That took me 12 weeks to get through all the PT
16 and get released.

17 I felt better sooner and I was able to
18 attend our granddaughter's graduation eight weeks
19 after my surgery. I had told them when I went in
20 to physical therapy, I've got a goal. I want to
21 be mended in eight weeks so I can help drive the
22 car to Colorado for the graduation. When I did
23 graduate, I was so impressed -- we had a new PT
24 department which was Aegis. I was so impressed

1 with the care I received that I wrote letters to
2 Smith Crossing's management -- I tried to touch
3 everybody -- the physical therapy management and
4 Smith Crossing's to tell them my positive feelings
5 about the care I received.

6 Health challenges affect patients as well
7 as their family members. For the first two knee
8 surgeries, my husband, Tom, was my caretaker.
9 When you find out they're releasing you home and
10 you have someone there, they don't -- at least
11 where I was for those two, they didn't even
12 recommend rehab. They were, like, oh, you've got
13 a husband, he can do it. Besides taking care of
14 me, he had to shop, cook, and learn to do laundry.
15 He even cooked a turkey one year. This can drain
16 caregivers of any age. I would hate to be single
17 and attempt to go home after my type of surgery
18 without someone there to help me beyond those
19 bereave visits from PT and the RN.

20 When I recovered at Smith Crossing, Tom
21 was free to do the things he enjoys. During the
22 day he could keep up his commitments while I was
23 being treated but he could come over and visit in
24 between whenever he could come over, which made me

1 realize going to a well-run rehab center can be
2 better because it takes the burden off of family
3 members. Recovering at a rehab center also may be
4 better for people who live alone because many
5 health challenges require support beyond what
6 visiting physical therapists and nurses can
7 provide. For those types of recoveries, a person
8 living alone would have to use a rehab center or
9 arrange for a stay-at-home caregiver.

10 As a retired nurse, which I am, I feel I
11 recognize good care. And I would like to see more
12 people be able to take advantage of the good care
13 given by Smith Crossing.

14 MS. MITCHELL: 29.

15 MS. McCAULEY: My name is Mary McCauley,
16 M-c-C-a-u-l-e-y, and I'm not related to the high
17 school. I am a volunteer at Smith Crossing and a
18 resident. I volunteer with my dog Laddie. He's
19 my cohort in crime. And I am a retired RN. And
20 I'm certified in geriatric care.

21 I see Smith Crossing's existing rehab
22 center as very positive and conducive to healing.
23 Patients are well cared for. They have private
24 rooms. They're not being disturbed by the care

1 needs of other patients. They have their own
2 bathrooms.

3 Laddie and I visit with patients and their
4 family members who appreciate having the private
5 space. Staff members are very caring and there's
6 a lot of communication and they all love laddie.
7 I'd say it's a great place. I think the fact that
8 therapy dogs are welcomed when they visit patients
9 is a sign that it is a cheerful and upbeat setting
10 because it's also a good place for rest and
11 relaxation. People do well.

12 I currently have used Smith Crossing's
13 physical therapy services which are used by rehab
14 patients. I haven't had the need to be checked
15 into a rehab room in the rehab center because I'm
16 able to have my therapy while living in my
17 independent living apartment, but I am aware that
18 not all facilities are as nice as these. I've
19 stayed in a rehab facility in years past in a
20 nursing home, and it was depressing and not as
21 supportive. I am aware not all places offer the
22 same level of quality care.

23 As a retired nurse, I understand what goes
24 into superior care. I have trained CNAs at Triton

1 College for 16 years with the focus on geriatric
2 care. I've mentioned -- or I mentored students
3 enrolled in the nursing program at Triton College,
4 and I'm aware that Smith Crossing has a wonderful
5 relationship with Moraine Valley Community
6 College.

7 I see Smith Crossing's effort to
8 participate in training as a sign our community is
9 striving to provide good care. Thank you.

10 MS. MITCHELL: 31.

11 MS. FRONCZEK: Good morning. I am Liz
12 Fronczek, F-r-o-n-c-z-e-k. I'm a resident care
13 coordinator with Great Lakes Caring Home Health
14 and Hospice. We are marking our eight-year
15 relationship with Smith Crossing, and we are here
16 in support of the expansion.

17 Once a resident or short-term rehab
18 patient is discharged from Smith Crossing's rehab
19 program, we can coordinate home health hospice and
20 private duty care for them in their homes. Great
21 Lakes works with other senior living communities
22 as well, and we see many individuals after they
23 are discharged and go home. These experiences
24 confirm for us Smith Crossing's very high ratings

1 by residents and patients who benefit from Smith
2 Crossing's exceptional care.

3 Smith Crossing also makes it possible for
4 us to collaborate on education and other wellness
5 programs that benefit the greater southwest
6 suburban community. Great Lakes is ready to
7 increase its commitment to Smith Crossing as we
8 expand to serve more older adults who need rehab
9 services and programs. We provide a continuum of
10 care that accelerates the healing process. Thank
11 you.

12 MS. MITCHELL: 33.

13 MS. BURKS: Good morning. My name is Lori
14 Burks, L-o-r-i B-u-r-k-s. And I am the director
15 of rehab for Aegis therapy in the Smith Senior
16 communities. I am here in support.

17 I oversee and manage all rehab and
18 wellness programs and services on campus. I am a
19 certified occupational therapy assistant with nine
20 years' experience, the last six as a manager. I
21 just moved to the southwest suburbs to work with
22 Smith Senior Living.

23 In February of this year Smith formed
24 Aegis to provide all rehab and wellness programs,

1 a common practice in the senior living field.
2 Smith values the mission of Aegis therapies to
3 share our passion from improving quality of life
4 through innovative healthcare one person, one
5 family, one community at a time.

6 I am responsible for ensuring Aegis'
7 mission is delivered to each and every short-term
8 patient and Smith resident. Because Aegis is the
9 country's second largest rehab provider, we always
10 try that little bit harder than everyone else.
11 And we feel that the partnership with Smith
12 Crossing helps us to do that.

13 With our interdisciplinary approach with
14 physical therapists, occupational therapists,
15 speech therapists, we tailor therapy programs to
16 each person's unique needs, working with them to
17 set goals and helping the person achieve them. We
18 specialize in tackling complex challenges,
19 including accelerating the healing process for
20 older adults who need assistance with memory care,
21 continence management, complex disease management,
22 diabetes management, among other chronic diseases.
23 We also encourage people to anticipate problems
24 and fortify themselves through our fall prevention

1 and balance programs.

2 Our goal is to help older adults gain
3 control over specific conditions and Aegis'
4 standard of care helps older adults achieve their
5 personal goals as they return to independence.

6 Thank you.

7 MS. MITCHELL: 35.

8 MR. TARR: I am Alex Tarr, T-a-r-r. I am
9 the admissions director at Smith Crossing.

10 Over the course of the last 18 months,
11 ending on June 30th of this year, I've had the
12 privilege of admitting 321 seniors in need of
13 rehab services at Smith Crossing, the ultimate
14 goal of having them return to the community that
15 best suits their needs.

16 During the same time period, I've had the
17 unfortunate responsibility of informing countless
18 families of Smith Crossing's inability to provide
19 services due to a lack of bed availability; total
20 denial of 2,557 potential residents in a matter of
21 18 months.

22 Statistically, we are only able to
23 accommodate a meager 11 percent of the total
24 referrals sent our way, having to turn down

1 89 percent of patients that marked Smith Crossing
2 as their first choice. From our top referring
3 hospital, Silver Cross, we were limited to
4 accepting 170 patients out of a total of 839
5 requests. From Palos Community, we were only able
6 to accept 72 patients out of a total of 522
7 requests. Both of whom we have established a very
8 productive and successful bundle program.

9 While it's very flattering to be so highly
10 sought offer as a skilled nursing facility, I'd
11 say it's rather frustrating that we must
12 disappoint some patients and families simply due
13 to a lack of space. However, thanks to Smith
14 Crossing's sterling reputation for quality and
15 high performance, we continue to build our
16 relationships with not only surrounding healthcare
17 facilities, but the communities they serve with
18 the hope of expanding services to benefit the
19 ever-growing population of seniors in the need of
20 rehabilitation and skilled nursing care. Thank
21 you for your time.

22 MS. MITCHELL: 37.

23 MR. GUAJARDO: Good afternoon, everyone.
24 My name is Frank Guajardo, G-u-a-j-a-r-d-o. I am

1 the executive director of Smith Crossing. I am
2 here in support of the Smith Crossing expansion.

3 I started working in senior living after I
4 completed my certification as a CNA. This
5 background has given me a unique perspective to
6 many decisions related to all levels of care at
7 Smith Crossing. I know firsthand the importance
8 of proper training for future generations of
9 healthcare professionals and heartily endorse the
10 clinical practicums we share with Moraine Valley
11 Community College and other schools.

12 We are proud of Smith Crossing's five-star
13 CMS rating, which fortifies our status as a
14 preferred provider for the bundled care program at
15 both Silver Cross and Palos Health Hospital. We
16 strive to build a great clinical outcome by
17 providing excellent quality of care and education
18 to family and residents to ease their transition
19 back to their home environment.

20 Smith Crossing once again proves itself as
21 a fine organization by offering exceptional
22 stability for staff in some of the key management
23 positions. The director of nursing has been in
24 her role for over ten and a half years, resident

1 services for 11 years, dining services for
2 14 years. And I can also add myself to this group
3 because I recently celebrated my 10-year
4 anniversary with Smith Crossing.

5 Still, Smith Crossing recognized the
6 industry-wide challenges of tracking and
7 retaining. We address these significant perils by
8 serving as a training site for college students
9 and by offering benefits and other prerequisites
10 to keep employees engaged in advancing their
11 careers.

12 Our alliance with Aegis therapies gives
13 Smith Crossing great confidence in expanding its
14 ability to help more older adults that are needing
15 short-term stay rehab services. We have received
16 enthusiastic support from our residents and their
17 families, as well as high praise for performance,
18 makes a case to entrust the care of more senior
19 adults to Smith Crossing.

20 We're ready to expand upon this support we
21 have garnered from the local community hospitals
22 and -- sorry. We're ready to expand upon the
23 regard from local community and continue to serve
24 and accommodate the demand for the referrals that

1 we receive from Silver Cross and Palos Health
2 Hospital, as well as the surrounding hospitals.

3 In closing, our first CON was under the
4 CCRC variance but we filed a new CON during our
5 second expansion, which met all requirements of
6 establishing the brand-new, freestanding facility.
7 This projects the further care through our
8 existing referral sources.

9 I will conclude with the pride of being
10 able to say our commitment to all our residents in
11 the amount of charity care that we provide gives
12 our residents the security of knowing they can
13 remain at Smith Crossing even if they were to
14 outlive their assets. Thank you.

15 MS. MITCHELL: 39.

16 MR. RYAN: Good afternoon. My name is
17 Thomas Ryan, R-y-a-n, and I've lived at Smith
18 Crossing for about five years.

19 I can vouch for the quality of the rehab
20 with my wife who you heard carefully explain her
21 situation, so, obviously, this guy was off the
22 hook with the third knee job. But I also visit a
23 lot in the whole building.

24 I'm president of what we call our resident

1 council, which everybody is a member. No dues for
2 that. And everybody has the right to come to our
3 monthly meeting, and many do never miss a meeting.
4 And our purpose of having a resident council is to
5 serve our residents better.

6 But let me read a few things here. Thanks
7 to the therapy that Smith Crossing, Rosemary was
8 able to get recovered within the eight weeks that
9 she needed to be able to go to our granddaughter's
10 graduation. It was kind of a sad time when we
11 found out she had to go through this for the third
12 time, but Smith Crossing made it so much better
13 than the first two for her and a whole lot better
14 for me.

15 I'm all for expanding Smith Crossing's
16 rehab service. I believe we're here to serve
17 people. And this will allow us to serve more
18 people, and all of us who live there are
19 candidates to go into rehab. I feel as a resident
20 of Smith Crossing that, kind of like, it's our
21 place for the rest of my life. That's what we
22 bought into.

23 As a volunteer at Smith's Crossing, I help
24 rehab patients making their way to and from

1 on-site Sunday masses. We have mass on premises.
2 And many times people -- we may have 15 or 20
3 people in wheelchairs, and I volunteer to take
4 people back. And many of these are people who are
5 not residents but people from the, quote, outside
6 that have come in there for service. And they all
7 speak highly of Smith Crossing. It's good for
8 your ego to hear them say something like that.
9 Some of them end up moving there.

10 As Smith Crossing resident council
11 chairman, or we call it president, it's my role to
12 uphold the mission of the resident council, which
13 is to promote the well-being, interest, and
14 activities of the members and seek solutions to
15 problems of general concern. And we meet monthly,
16 and we have a board of ten people. Six of the
17 people on the board have specific obligation. One
18 is to visit every newcomer. Another is to make
19 sure food is what we want. And we're all very
20 good at speaking out if we don't like something.
21 And Kevin and Frank are very good to listen to us
22 because we feel this is our place.

23 We have a wellness ambassador, which was
24 recently added the last couple of years, which is

1 someone who encourages residents to take advantage
2 of wellness services, training, and so forth. We
3 want to help each other live a good, healthy life
4 as long as we can. I visit with most of the
5 new -- almost all the new people moving in, and
6 I've met the majority of the people who have been
7 there forever since we started.

8 Smith Crossing residents have a strong say
9 in our quality of life and our care. We invested
10 our money. We weren't well-to-do people. We were
11 people who decided so save money to go into a
12 place like this. We also have invested in
13 supporting an expansion of rehab service because
14 it's a good chance we'll be using it. We don't
15 know what the future holds. But I want to be
16 sure. That's why I go over there and check on
17 things every once in awhile and encourage others
18 to do likewise. It's our place.

19 It's been my Smith Crossing management is
20 extremely responsive to our wishes and concerns,
21 and the same standards we insist on for ourselves
22 would apply to nonresidents as well. Thank you.

23 MS. MITCHELL: 41.

24 Does anybody have 41?

1 Is there anybody who wishes to testify who
2 has not had an opportunity to do so?

3 Please note that this project is
4 tentatively scheduled for consideration by the
5 board at its January 9, 2018, meeting. The
6 meeting will be held at the Bolingbrook Golf Club
7 located at 2001 Rodeo Drive, Bolingbrook,
8 Illinois. Please refer to the HFSRB website at
9 www.hfsrb.illinois.gov for more details and
10 possible agenda changes.

11 I ask that you please prepare to take note
12 of the following dates and times: Any person
13 wanting to submit written comments on this project
14 must submit these comments by Wednesday,
15 December 20th.

16 The state board staff report will be
17 posted online at www.hfsrb.illinois.gov/sars.htm
18 on December 26, 2017. The deadline to submit a
19 written response to the state board staff report
20 is 9:00 a.m. Tuesday, January 2, 2018. Written
21 comments and responses should be sent to the
22 Illinois Health Facilities and Services Review
23 Board, Attention, Courtney Avery, Administrator,
24 525 West Jefferson Street, 2nd Floor, Springfield,

1 Illinois 62761.

2 Are there any questions?

3 Hearing no additional questions or
4 comments, I deem this public hearing adjourned.

5 Thank you for your participation.

6 (WHEREUPON, the public hearing was
7 adjourned.)

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1 CERTIFICATE OF SHORTHAND REPORTER-NOTARY PUBLIC

2

3 I, Tiffany M. Pietrzyk, CSR RPR CRR, the
4 officer before whom the foregoing public hearing
5 was had, do hereby certify that the foregoing
6 transcript is a true and correct record of the
7 proceedings; that said proceedings were taken by
8 me stenographically and thereafter reduced to
9 typewriting under my direction.

10

11 IN WITNESS WHEREOF, I have hereunto set my
12 hand and affixed my notarial seal this 13thth day
13 of November, 2017.

14

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Tiffany M. Pietrzyk



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Transcript of Public Hearing
Conducted on October 27, 2017

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