

8-28-23

Dear HSFRB,

It was noted at the meeting on July 27th that Dr. Tanksley had wanted to hear from the two people at the public hearing that were in support of the sale related to Project #23-024

In looking at the Public Participation Forms from July 11, there were **5 participants** that were in Support of the sale:

Brian Gregory (DeKalb County Administrator) whose role is to be Neutral and whose role it was to only present "facts" to county board members and community to make decision related to sale of nursing home, marked that he was a Proponent of Sale. This is very telling to our community.

Mary Lee Cozad (DeKalb County Board Member) Marked that she was a Proponent of Sale and voted to sell home and against referendum at county board meetings.

Mark J. Silberman (Lawyer for SABA) who seems to also be speaking and answering for DeKalb County Board Administrator and Members marked that he was a Proponent of Sale.

The other two people at that meeting who marked that they were proponents of sale actually marked 'proponent' in error.

Mary J. Roman & Carolyn Simpson

As of 8-28-23, They have updated their responses to reflect their opposition to the sale and wish for it to be known to the HSFRB. One of these people actually spoke at the hearing in opposition but simply marked form incorrectly. Copies of these participation forms to follow.

Most likely, Mr. Silberman knew these two marked the form in error but presented to HSFRB that there is community support. We continue to maintain that our community does not support the sale of our nursing home. It is also referenced at the last Committee of the Whole meeting per board member, Jerry Osland that he feels if the board would have voted the way their constituents would have wanted them to vote, it would not be sold. The audio to this meeting with his comments related to that comment can be accessed at DeKalb County Website.

Thank you-



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: DeKalb Nursing and Rehabilitation

Project Number: #23-024

I. IDENTIFICATION

Name (Please Print) Brian Gregory, County Administrator
City Sycamore State Illinois Zip 60178

Contact Phone Number

815-895-1638

Contact E-Mail Address

bgregory@dekalbcounty.org

II. REPRESENTATION

(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Representing DeKalb County

III. POSITION (Circle appropriate position)

Proponent

Opponent

Neutral

This form must be returned to John Kniery at john.kniery@illinois.gov or 217-785-4111 (fax) or 525 West Jefferson Street, 2nd Floor; Springfield, Illinois 62761 at least 24 hours prior to the HFSRB meeting.

Please note that anyone who does not pre-register in accordance with the HFSRB Public Participation Guidelines will not have an opportunity to speak at a Board meeting.



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: DeKalb Nursing and Rehabilitation

Project Number: #23-024

I. IDENTIFICATION

Name (Please Print) Mary Lee Cozad

City DeKalb State IL Zip 60115

Contact Phone Number
815-756-9908

Contact E-Mail Address
marycozad@gmail.com

II. REPRESENTATION

(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)
DeKalb County Board

III. POSITION (Circle appropriate position)

Proponent Opponent Neutral

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PASS



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: DeKalb Nursing and Rehabilitation

Project Number: #23-024

I. IDENTIFICATION

Name (Please Print) MARC J SILBERMAN

City DEERFIELD State IL Zip 60015

Contact Phone Number

312 212 4952

Contact E-Mail Address

MSILBERMAN@BENESCHLAW.COM

II. REPRESENTATION

(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

Applicant

III. POSITION (Circle appropriate position).

Proponent

Opponent

Neutral

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: DeKalb Nursing and Rehabilitation

Project Number: #23-024

I. IDENTIFICATION

Name (Please Print) Mary Roman

City DeKalb State Illinois Zip 60115

Contact Phone Number
(815) 217-0592 / 217-0596

Contact E-Mail Address

II. REPRESENTATION

(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)
 Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

resident - DeKalb County Rehab
and Nursing Home

8-25-23 I am an opponet to not sell the

III. POSITION (Circle appropriate position)

~~Proponent~~

Mary J. Roman
 Opponent

~~Neutral~~ D.C.R.N.G.
 Neutral

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STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: DeKalb Nursing and Rehabilitation

Project Number: #23-024

I. IDENTIFICATION

Name (Please Print) Carolyn Simpson

City DeKalb State IL Zip 60115

Contact Phone Number

815-793-6645

Contact E-Mail Address carolmom1949@aol.com
90 W Chestnut Ave Cortland

II. REPRESENTATION

(This section is to be filled if the witness is appearing on behalf of any group, organization or other entity.)

Entity, Organization, etc. represented in this appearance (i.e., ABC Concerned Citizens for Health Care)

8/27/23

I oppose the Selling of the Nursing Home to Sabra

Carolyn Simpson

III. POSITION (Circle appropriate position)

~~Proponent~~

Opponent

Neutral

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PASS