

**Illinois Health Facilities Planning Board
PUBLIC HEARING REGISTER
PROJECT #E-001-26**

Date: March 5, 2026

Site: Olympia Fields Park
District – Bradford Barn
Address: Sgt Means Park
20712 Western Avenue
Olympia Fields, IL 60461
*Barn Meeting Room

NAME: Franciscan Health Olympia Fields Time: 1:00 PM

ATTENDANCE/NO TESTIMONY ON PROJECT

NAME	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED	CITY	SUPPORT	OPPOSE	NEUTRAL
Juan Hernandez	Prime Healthcare	Chicago	X		
Amy Savaris	" "	"	X		
Sunil Patel	" "	Joliet	X		
Mari Lynn Ross	Franciscan Health	Olympia Fields	X		
Marielle Zagone	Sound Sound	Oly Flds	X		
PRANEENA FAJIDE	SOUND PHYSICIANS	OF	X		
Gene Kim	Sound	OF	X		
Silvia Weber	Franciscan Health OF	Oyer	X		
Joan Culver	Franciscan Health	OF	X		
MICHAEL RANDALL	FRANCISCAN HEALTH	OF	X		
Keith Miller	Member of Grete Trustee	Grete IL	X		
Lauri Keagle	Franciscan Health	Olympia Fields	X		
TONY SANCHEZ	Reedco	Woodstock			X
GAIL CASSELL	FRANCISCAN HEALTH/COMMUNITY	OF FLD	X		
Lydia Aluyi	Franciscan Health II	Olympia Fields	X		
Jessica Smith	FRANCISCAN HEALTH	Olympia Fields			X

ATTENDANCE/NO TESTIMONY ON PROJECT

[illegible]

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NAME	AGENCY, ORGANIZATION OR INSTITUTION REPRESENTED	CITY	SUPPORT	OPPOSE	NEUTRAL
Sister Rachel Dinet	Franciscan Olympia Fields	Olympia Fields	✓		
Amy Saurk	Prime Healthcare	O'Hare CT	✓		
Anne Cooper	Franciscan Health Olympia Field	Olympia Fields	✓		
Frank McHugh	" "	" "			
Doug Esser	Franciscan Healthcare, Inc	Casco Point IN	✓		
Dorinda Ramirez-Hill	Franciscan Health Ohio	Olympia Fields	✓		
Karin Johnson	Franciscan Health	Olympia Fields	✓		
Lawrence Wallace	Court Reporter	Planet DeBS			
Sheila Fiola	Olympia Fields Franciscan	Olympia Fields			✓
Michael Sutherland	Franciscan Health	Olympia Fields	✓		
Aleksandra Gocul	Southland Ortho	Olympia Field			✓
Grizy Gallagis	Southland Ortho	Oly Fields			✓
Donna Schraffenberger	Citizen	Homewood IL			✓
Maria Elena Ramos	Franciscan Health	Olympia Fields IL	✓		
MARY BRIDGET BARN	Resident	Chicago ILL			✓
Rachel Guss	Franciscan Health	Olympia Fields	✓		
Kayla Barnard	Franciscan	IF	✓		



NUMBER: #1

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: Franciscan Health Olympia Fields

Project Number: #E-001-26

I. IDENTIFICATION

Name (Please Print) FRANK MCNUGH

City OLYMPIA FIELDS State IL Zip _____

Contact Phone Number

708 855 - 7407

Contact E-Mail Address

FRANK.MCNUGH@FRANCISCANHEALTH.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)

III. POSITION (Circle appropriate position)

SUPPORT

OPPOSE

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.

NUMBER: 2

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: Franciscan Health Olympia Fields

Project Number: #E-001-26

I. IDENTIFICATION

Name (Please Print)

Pamela Oliver

City

Olympia Flds

State

IL

Zip

60461

Contact Phone Number

(708) 359-6688

Contact E-Mail Address

pam.news lady@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)

Self / Franciscan Foundation

Brd Member

III. POSITION (Circle appropriate position)

SUPPORT

OPPOSE

NEUTRAL

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NUMBER: 3

STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Participation Form

Facility or Project Name: Franciscan Health Olympia Fields

Project Number: #E-001-26

I. IDENTIFICATION

Name (Please Print)

Amy Searls

City

Chicago

State

IL

Zip

60606

Contact Phone Number

Contact E-Mail Address

asearls@primehealthcare.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)

Prime Healthcare

III. POSITION (Circle appropriate position)

SUPPORT

OPPOSE

NEUTRAL

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