



**HSHS
St. John's
Hospital**

January 29, 2015

Ms. Courtney R. Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, Illinois 62761

Re: Permit Renewal Request (Section 1130.740)
St. John's Hospital
Permit 10-042 – Patient Tower Modification

Dear Ms. Avery,

On April 8, 2014 the Illinois Health Facilities and Services Review Board Chair approved our March 25, 2014 request to renew the above referenced project permit. Subsequently, we submitted the Project Completion and Final Realized Cost Report for Permit #10-042, dated January 13, 2015, which was within the approved permit renewal period.

In a certified letter dated January 21, 2015, we were advised by the IHFSRB that the independent project audit included in our completion documentation which was prepared by CHAN Healthcare, a subsidiary of Crowe Horwath, LLP, did not meet the Review Boards' criteria. Due to this recent circumstance, we were also advised a Permit Renewal is required to allow time to meet Review Board requirements. Hence, we are requesting a four (4) month completion period extension to fully meet project completion requirements with supplemental information.

1. Project Completion Date

St. John's requests the IHFSRB grant an approximate four (4) month permit renewal period until May 29, 2015 for Permit # 10-042 in order to develop and submit audit related information complying with Review Board criteria.

2. Project Status

The project is complete and the facility is occupied (see January 15th Project Completion documentation submitted to the IHFSRB).

RECEIVED

JAN 29 2015

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

3. Project Completion Statement

See Number 2, above.

4. Confirming Evidence of Project Completion

See January 15th Project Completion Documentation, as submitted and attested to in our submittal.

If you need additional information or have any questions, I can be contacted at 217-757-6256.

Sincerely,



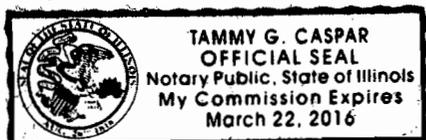
Dave Olejniczak, FACHE
Chief Operating Officer

Subscribed and sworn to before me

this 29th day of January
Tammy G. Caspar

Signature of Notary

Seal



CC: Tim Ferguson, Director, Facilities Management
Mike Constantino, Supervisor, Project Review Section
Ed Parkhurst, PRISM Healthcare Consulting

St. John's Hospital
 800 East Carpenter Street
 Springfield, Illinois 62769

DATE
 01/26/15

CHECK NO.
 973537

SJST 753675

DATE	INVOICE/CREDIT MEMO	TYPE	DESCRIPTION	GROSS	DISCOUNT	NET
012315	PROJ#10-042LT ***INSIDE MAIL TO		TIM FERGUSON	50000 E&C***		50000
TOTAL				50000		50000

THE ATTACHED CHECK IS IN PAYMENT FOR THE ITEMS DESCRIBED ABOVE

THIS DOCUMENT HAS A PRISMATIC PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK. 



St. John's 10-042
 HOSPITAL
 SPRINGFIELD, ILLINOIS

AN AFFILIATE OF HOSPITAL SISTERS HEALTH SYSTEM

GENERAL FUND

Harris Central N.A.
 Roselle, IL

70-1558
 719

CHECK NUMBER
 973537

DATE
 01/26/15

AMOUNT
 *****500.00

PAY FIVE HUNDRED DOLLARS AND NO CENTS

TO THE ORDER OF
 ILLINOIS DEPARTMENT OF PUBLIC
 HEALTH-DIV OF FINANCIAL SVCS
 525 WEST JEFFERSON ST, 4TH FL
 SPRINGFIELD IL 62761-0001

VOID AFTER 90 DAYS

Zary P. Altemaker

Authorized Signature

⑈000973537⑈ ⑆071915580⑆ 04⑈399⑈751⑈7⑈

St. John's Hospital
 800 East Carpenter Street
 Springfield, Illinois 62769

DATE
 01/26/15

CHECK NO.
 973538

SJST 753675

DATE	INVOICE/CREDIT MEMO	TYPE	DESCRIPTION	GROSS	DISCOUNT	NET
012315	PROJ#10-042REAPP ***INSIDE MAIL TO TIM FERGUSON		E&C***	50000		50000
THE ATTACHED CHECK IS IN PAYMENT FOR THE ITEMS DESCRIBED ABOVE				TOTAL	50000	50000

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St. John's 10-042
 HOSPITAL
 SPRINGFIELD, ILLINOIS

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VOID AFTER 90 DAYS

Ray P. Blumaker

Authorized Signature

⑈000973538⑈ ⑆071915580⑆ 04⑈399⑈751⑈7⑈