

Hills, Bonnie

From: Kendrick, Alexis
Sent: Tuesday, July 17, 2012 9:31 AM
To: Williams, Don A.; Hills, Bonnie
Subject: FW: #11-064- Freeport Memorial Hospital- Notice of Completion
Attachments: 20120716170123040.pdf

Don- Can you look to see if this document is in the project file?

Bonnie- Can you log the e-mail below and the attached document in the mail log for Springfield?

From: Cutler, Nancy V. [<mailto:NCutler@fhn.org>]
Sent: Monday, July 16, 2012 5:20 PM
To: Kendrick, Alexis
Cc: Edler, Tammy S.; Summers, Sharon K.
Subject: FW: #11-064- Freeport Memorial Hospital- Notice of Completion

Ms. Kendrick,
Attached is a scanned copy of the notification letter and a copy of the certified mail receipt. If you would like a paper copy mailed please let me know. Hope this assists in completing your records.
Sincerely,
Nancy Cutler

Nancy Cutler
VP of Patient Services & CNO
FHN
1045 W. Stephenson Street
Freeport, Il 61032
815-599-6335

From: Summers, Sharon K.
Sent: Monday, July 16, 2012 4:20 PM
To: Kendrick, Alexis
Cc: Cutler, Nancy V.
Subject: RE: #11-064- Freeport Memorial Hospital- Notice of Completion

Alexis,
Nancy did send a letter indicating the final discontinuation in November but she will send another one.

Sharon Summers

Sharon Summers
Executive Vice President/COO
FHN
1045 W. Stephenson Street
Freeport, IL 61032
815-599-6151
ssummers@fhn.org

* Please consider the environment before printing this e-mail

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From: Kendrick, Alexis [<mailto:Alexis.Kendrick@Illinois.gov>]
Sent: Monday, July 16, 2012 2:42 PM
To: Summers, Sharon K.
Subject: RE: #11-064- Freeport Memorial Hospital- Notice of Completion

Sharon,

This was the permit for the discontinuation of a 26 bed long-term care category of service. It was approved by the Board at the October 13, 2011 meeting. Nancy Cutler appeared before the Board at the meeting.

Feel free to let me know if you have any more questions.

Alexis Muroso Kendrick
Compliance and Legislative Affairs Manager
Illinois Health Facilities and Services Review Board
122 S. Michigan Ave., Ste. 700
Chicago, IL 60603
312.814.0955 (work)
312.254.7989 (cell)
Alexis.Kendrick@Illinois.gov

From: Summers, Sharon K. [<mailto:SSummers@fhn.org>]
Sent: Monday, July 16, 2012 1:55 PM
To: Kendrick, Alexis
Subject: RE: #11-064- Freeport Memorial Hospital- Notice of Completion

Alexis,

We do not recognize this project number in our records. Could you be more specific about the scope of the project? Did this happen to be in reference to closing the Skilled Nursing Unit. I don't recall having been given any project number at the time. Thanks

Sharon Summers
Executive Vice President/COO
FHN
1045 W. Stephenson Street
Freeport, IL 61032
815-599-6151
ssummers@fhn.org

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From: Kendrick, Alexis [<mailto:Alexis.Kendrick@Illinois.gov>]
Sent: Monday, July 16, 2012 12:49 PM
To: Summers, Sharon K.
Cc: Constantino, Mike; Williams, Don A.
Subject: #11-064- Freeport Memorial Hospital- Notice of Completion

Ms. Sharon Summers,

The Board approved project #11-064- Freeport Memorial Hospital on October 13, 2011. The project was approved with a completion date of November 30, 2011, however, the Board has not received notice of completion of the project within the 30-day deadline, as required under 1130.770(a).

Please inform the Board as to why the notice of completion was not sent. Please be aware that this a potential compliance issue and could be referred to our legal staff for further review.

Thanks for your prompt attention to this matter.

Alexis Muroso Kendrick
Compliance and Legislative Affairs Manager
Illinois Health Facilities and Services Review Board
122 S. Michigan Ave., Ste. 700
Chicago, IL 60603
312.814.0955 (work)
312.254.7989 (cell)
Alexis.Kendrick@Illinois.gov



November 8, 2011

Ms. Lesley Stevens
Illinois Department of Public Health
525 W. Jefferson Street
5th Floor
Springfield, IL 62761

Dear Ms. Stevens;

This letter serves as notification that FHN Memorial Hospital discontinued our General Long Term Care Services/Beds effective October 13, 2011.

If you have any questions, please feel free to contact me at 1-815-599-6335.

Sincerely,

Nancy Cutler
Vice President Patient Services/CNO
FHN Memorial Hospital

/tsc
11/8/11

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>R Martin</i>
1. Article Addressed to: IL Department of Public Health 525 W. Jefferson Street 5th Floor Springfield, IL 62761	B. Received by (Printed Name) <i>R. MARTIN</i> C. Date of Delivery <i>NOV 1 4 2011</i> D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
2. Article Number (Transfer from service label) <i>701</i>	3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.
PS Form 3811, February 2004	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes Domestic Return Receipt 102555-02-M-1540

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OFFICIAL USE

Postage	\$ <i>44</i>	
Certified Fee	<i>285</i>	
Return Receipt Fee (Endorsement Required)	<i>230</i>	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ <i>559</i>	

Sent to *IL Dept of Public Health*
 Street, Apt. No. or PO Box No. *525 W. Jefferson 5th Floor*
 City, State, ZIP+4 *Springfield IL 62761*

PS Form 3800, August 2006 See Reverse for Instructions

7011 0470 0002 6985 0460