

Constantino, Mike

12-050

**From:** John Kniery [JKniery@foleyandassociates.com]  
**Sent:** Monday, August 27, 2012 11:53 AM  
**To:** Constantino, Mike  
**Attachments:** SCFA12082710160.pdf; SCFA12082710170.pdf

Mr. Constantino:

I have received the final signed return receipt documenting that the Illinois Veterans Home was sent an letter regarding the impact the discontinuation may have on Illinois Veterans Home, Anna. Also, this office received a letter from Fairacres Nursing Home stating their ability to accept residents should they need placement.

If you have any questions or concerns, do not hesitate to contact me. Thanks.

John P. Kniery

Health Care Consultant  
Foley & Associates, Inc.  
1638 So. MacArthur Boulevard  
Springfield, Illinois 62704  
217.544.1551 - Office  
217.544.3615 - Facsimile  
[foley@foleyandassociates.com](mailto:foley@foleyandassociates.com)

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**FAIR ACRES REHAB AND CARE CENTER  
514 E. JACKSON STREET  
DU QUOIN, IL 62832  
PHONE 619-542-4731  
FAX 619-542-2651**

August 24, 2012

RE: REHAB AND CARE CENTER OF JACKSON COUNTY

CHARLES H. FOLEY & ASSOCIATES, INC.  
1638 SOUTH MacARTHUR BLVD  
SPRINGFIELD, ILLINOIS 62704

Dear Mr. Kniery;

On behalf of Fair Acres Rehab and Care Center, I would like to respond to your letter. Fair Acres has been in this community for over 45 years, we feel that we have given back to the residents, many times who have graced our doors, the love and care they deserve.

We, like many others in Southern Illinois have empty beds; we are willing to accommodate anyone without conditions, limitations or discrimination.

With all the nursing homes in Southern Illinois having so many empty beds, it would be a travesty to give a Certificate of Need to a company wanting to build another facility, when there are so many empty beds needing to be filled.

Thank you for your consideration.

Sincerely,

*Randee Glover*

Randee Glover

**SENDER: COMPLETE THIS SECTION**

- 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.

1. Article Addressed to:

IL Veterans Home at Anna  
792 North Main  
Anna, IL 62906  
Attention: Administrator

2. Article Number  
(Transfer from service label)

7010 2780 0000 8789 1637

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name)  Agent  
*C Butler*  Addressee

C. Date of Delivery  
*8-23-12*

D. Is delivery address different from Item 1?  Yes  
If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes