

**ILLINOIS HEALTH FACILITIES and SERVICES REVIEW BOARD (HFSRB)  
PROJECT HEARING REPORT**

Applicant: Neighbors Rehabilitation Center LLC  
and Neighbors Property LLC  
Project Number: 14-008  
Hearing Date: March 31, 2014  
Location: 232 West 2<sup>nd</sup> Street, Byron, Illinois  
Time: 10:00 AM to 12:00 PM

Hearing Officer: Courtney Avery  
Staff Support:  
HFSRB Representative: Kathryn Olson

Hearing Requested by: Neighbors Rehabilitation Center LLC and Neighbors Property LLC

The following summarizes the attendance figures:

Oral/Written Presentations:

Support: 14  
Oppose: 0

Registered Attendance Only

Support: 48  
Oppose: 1  
Neutral: 0

Total individuals registered: 63



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Testimony Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Tawn THAMMAATZ

City Bryn State IL Zip 61010

Signature [Handwritten Signature]

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)

Neighbors Rehab Center

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) CONRAD LONG

City Rappah State IL Zip 61112

Signature Conrad Long

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 (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle )

Oral                                      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) TOM MAHOW

City BYRON State IL Zip 61010

Signature Thomas P Mahow

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)

UNITED CHURCH BYRON

LIVE NEARBY

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) NANCY WICKSON

City ROCKFORD State IL Zip 61102

Signature Nancy Wickson

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 (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION  
Name (Please Print) DON EUBANKS  
10699 N ILL ROUTE 2  
City ROCKFORD State IL Zip 61107  
Signature Donald Eubanks

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

III. POSITION (please circle appropriate position)  
 Support                       Oppose                       Neutral

IV. Testimony (please circle )  
 Oral                       Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Bill Kilmer

City Byron State IL Zip 61010

Signature Bill Kilmer

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 (please circle appropriate position)

Support                       Oppose                       Neutral

IV. Testimony (please circle )

Oral                       Written



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Testimony Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) MICHAEL GYORKOS

City BYRON State IL Zip \_\_\_\_\_

Signature Michael Gyorkos

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)

CITY OF BYRON WARD 3 ALDERMAN

Representing Mayor Chris Millard

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) EMILIO and Shirley Ottmanns

City SIOUX FALLS State SD Zip 57105

Signature Shirley Ottmanns

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 (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle )

Oral                      Written

We are extremely pleased with the care my sister is receiving. My sister also appreciates all the staff and their concern for her comfort and well being. Having over 500 miles away from Byron we can leave with confidence the care my sister will and does receive. Neighbors definitely needs to

3/31/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Diann Frison

City Byron State Illinois Zip 61010

Signature Diann Frison

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 (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle)

Oral                                      Written



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Testimony Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) LARRY SVANDA

City OREGON State WI Zip 53575

Signature Larry Svanda

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)

3 Family members who have  
resided here plus many friends over  
the past 20-25 years. My mother  
is now at neighbors for past 4 years<sup>t</sup>

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle )

Oral

Written

*Comments on back*



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Testimony Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) LISA NOVAK

City Rockford State IL Zip 61107

Signature Lisa Novak

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)

LISA NOVAK, Executive Director

Northern IL Hospice

4215 Newburg Rd

Rockford IL 61108

III. POSITION (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Kim Kilmer

City Byron State Illinois Zip 601010

Signature Kim Kilmer

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 (please circle appropriate position)

Support

Oppose

Neutral

IV. Testimony (please circle)

Oral

Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Emmo/Shirley Ottmanns

City Sioux Falls State SD Zip 57105

Signature Shirley Ottmanns

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 (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle )

Oral                      Written



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Testimony Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) SUSAN FRY

City Mt. Morris State IL Zip 61054

Signature Susan Fry

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)

Presently staying for rehab after getting a new knee. I go home tomorrow, 4/1/14. Everyone @ Neighbors is wonderful, caring. I'm also speaking re: Rehab dept. They

III. POSITION (please circle appropriate position)

Support                      Oppose                      Neutral

IV. Testimony (please circle )

Oral                      Written

are awesome. There's so much more, but I'm keeping it brief.

Good morning. Thank you for having me here with you today. My name is Pawn T and I have the pleasure of serving our community as the administrator at Neighbors Nursing and Rehabilitation Center. As you will hear today, my facility is more than just a nursing home, it is a vital part of my community, Bryon, Illinois. We employ members of our community, provide a boon to local businesses and then we provide loving care to community members when they need rehabilitation or care services. Looking around, I am humbled by the outpouring of support we have received from our families, our business community, and our neighbors.

We are here today because we want to make positive changes in how we at the Neighbors can serve our community in the years to come. Our facility works hard to provide quality care to each and every one of our community members who come through our doors. However, in the past few years, it has become harder and harder for my facility to meet our neighbor's demands. Our families deserve high quality care and modern facilities for themselves and their loved ones, but unfortunately, Neighbors just can't give our families everything they deserve any more.

Neighbors has applied for a certificate of need to add additional beds to our facility. As you will see in reviewing this application, these beds are NECESSARY to provide the community with the care and services they deserve without having to leave their neighborhood to find the services they are seeking.

As it stands, Neighbors is regularly confronted with the sad task of informing families and consumers that because of facility limitations and space constraints we are, to a certain extent, restricted in the provision of the services they want for themselves and their loved ones. This forces members of our community to look outside the area, and even outside the county for their care needs. Because the lack of beds and the need to move outside of the county for care, our families are faced with additional burdens at the worst possible time. Families are split apart by geography, right when our consumers need the support that only their spouses, children and grandchildren can provide.

Granting this CON will allow Neighbors to fill this dire need in the community, provide new jobs for qualified individuals in and around Byron, provide even better services to our current consumers. Specifically our project will:

- Add private rooms for our consumers. Private rooms are important because they:
  - Allow the facility to create dedicated hospice suites for dying community members and their families so they may enjoy as much physical comfort as possible during this difficult time;
  - Allow the facility to better serve the more severely ill population, particularly those who have certain infections and are under isolation precautions.
  - Provide families and consumers the privacy they expect:
    - Hospitals have begun providing private rooms to patients. Patients now expect and deserve a continuity in environment.
    - Today's consumers now include younger patients seeking rehabilitation services. These savvy community members want private rooms so they and their families can find comfort and privacy during their short term stays.

Pam  
Thammagutu  
2/12

- Remodel and expand our physical therapy and rehabilitation services.  
This will allow us to provide state of the art rehabilitation services to our consumers so they have the best possible chance to return to and continue to live in the community once they have finished their rehabilitation program. Right now, our facility just does not have the space to provide these services as demanded by the community.
- Add additional space for community programming. As I have already stressed, the Neighbors is truly that, a group of neighbors working to take care of community members. By adding more community space, the facility can provide more of the entertainment and community services modern seniors are craving.

This expansion is necessary because it will allow us to fill a need in a community that we all care so much about. As you will hear from others, the beds we are asking for are drastically needed here in our county. These beds will allow community members to get services they need in their own town and in their own community. Right now, these deserving consumers and their families are being forced apart and forced to commute to find the services they need.

I am confident that after reviewing our application and taking into account the testimony you hear today, that Neighbors will be awarded this CON and will be able to take much needed and positive steps towards being the best neighbors we can be for many years to come.

March 31, 2014

State of Illinois: Health Facilities and Services Review Board  
RE: Project 14-008 Neighbors Rehabilitation Center

To Whom It May Concern,

I support Neighbors Rehabilitation Center's plan to both renovate and construct additional beds to better serve the Byron and surrounding communities.

As with any business, it is vital to update and modernize not only the actual service which is delivered but also the building and grounds. I support Neighbors Rehabilitation in their desire to renovate their current building which will be an asset not only to their current clientele but to the Byron community as well.

I also support Neighbors Rehabilitation in their plan to construct additional beds which would include some private rooms. Being a person who has had to utilize healthcare services in the hospital environment this past year I understand the importance of having a private room in order to recover and recuperate. I am in full agreement of the need for Neighbors Rehabilitation to have additional space to provide the therapy needs for their clientele. By adding these additional beds and this additional space the Neighbors Rehabilitation will be better able to provide the needed services not only to the Byron community but to the neighboring communities as well.

Sincerely,

A handwritten signature in black ink that reads "Kim Kilmer". The signature is written in a cursive, flowing style.

Kim Kilmer



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION  
Name (Please Print) Robin Clack  
City Byron State Ill Zip 60100  
Signature Robin Clack

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Kelly Bolen

City Dyron State IL Zip 61010

Signature Kelly A. Bolen

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Rea Barton

City Byron State IL Zip 61010

Signature Rea Barton

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)

Byron Bank

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) GALEN BENNETT

City BYRON State IL Zip 61010

Signature Galen Bennett

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)

Byron Fire Dept.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Kim M Hughes

City Byron State IL Zip 61010

Signature Kim M Hughes

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)

Byron Citizen

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

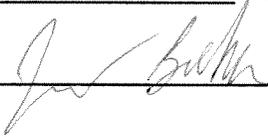
**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Jeremy Boehle

City Byron State IL Zip 61010

Signature 

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

**I. IDENTIFICATION**

Name (Please Print) Mary Logston

City DuPont State IL Zip 61010

Signature Mary Logston

**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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) BRENT BAKER

City Byron State IL Zip 601010

Signature [Handwritten Signature]

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) BYRON BANK

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) EDWARD CLIFT

City BYRON State IL. Zip 61010

Signature *Edward Clift*

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Leanna Merston

City Byron State IL Zip 61010

Signature Leanna Merston

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)

Byron Area Chamber of Commerce

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Dorothy Matton

City Byron State IL Zip 61010

Signature Dorothy Matton

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)

UNITED Church

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Judy ACKERMAN

City BYRON State ILL. Zip 61010-9571

Signature Judy Ackerman

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) JACK G ACKERMAN

City BYRON State ILL Zip 61010

Signature Jack G Ackerman

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) PAMELA CARTER

City BYRON State IL Zip 61010

Signature [Handwritten Signature]

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) SUSAN BRYTS PRAAK

City BYRON

State IL

Zip 61010

Signature Susan Bryts Praak

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

3/31/14



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Ruth Lukawski

City Byron State IL Zip 61010

Signature Ruth Lukawski

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Unity Hospice / Michelle Petersen

City Rochelle State IL Zip 61068

Signature Michelle Petersen

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)

Unity Hospice

Rochelle, IL 61068

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Roger Kilmer

City Byron State IL Zip 61010

Signature Roger Kilmer

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Joyce KILMER

City BYRON State IL Zip 61010

Signature Joyce Kilmer

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Wendell Anderson

City Byron State Illinois Zip 61010

Signature Wendell M. Anderson

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Sharon ANDERSON

City BYRON State IL. Zip 61010

Signature Sharon Anderson

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

3/31/14





STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Christina Hufford

City 408 S 6th St Oregon State IL Zip 61061

Signature Christina Hufford

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

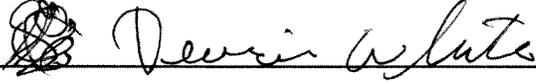
Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Dewain Whitehorn

City Byron State IL Zip 61010

Signature 

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

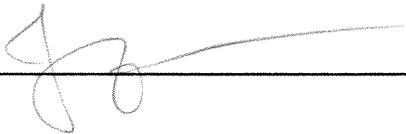
**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Jennifer Grothman

City Rockford State IL Zip 61107

Signature 

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)

ABLE Home Health  
1946 Daimler  
Rockford, IL 61112

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) MELANIE SCR HILLIGER

City Byron State Illinois Zip 61010-8942

Signature [Handwritten Signature]

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Richard Berkeley

City Byron State IL Zip 61010

Signature Richard Berkeley

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I.

IDENTIFICATION

Name (Please Print)

PAT EUBANKS

City

ROCKFORD

State

IL

Zip

61102

Signature

Pat Eubank

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

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) ED PAWELSKI

City So. Beloit State IL Zip 61080

Signature Ed Pawelski

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)  
Heartland Hospice

III. POSITION (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) MARVIN DOWNS

City Bayton State IL Zip 61010

Signature Marvin R. Downs

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Marsha Gyorkos

City Byron State IL Zip 61010

Signature Marsha Gyorkos

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 has been needed for a very long time in this area. The nursing home has served this community and its citizens well for over forty years, but have seen many go to other neighboring communities because it did not fulfill their needs for one reason or another. It needs this addition to continue to fill these needs for our thriving town.

3/31/14



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Patricia J. Brown

City Byron State IL Zip 61010

Signature Patricia J. Brown

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)

Byron Neighbors Nursing Home

We support them in their expansion be-  
cause we need them to expand to make available  
better physical therapy and a better space  
for their residence. Byron + Ogle County needs

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral

*this very much!!!*



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Sally Carr

City Leaf River State IL Zip 61047

Signature Sally Carr

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

My mother resided @ Neighbors NH @ Byron from 11-7-12 until her death 3-31-13 and received wonderful care. My father has been a resident from 11-6-12 until present and is very pleased with his Hometown residence. <sup>3/31/14</sup> We would encourage more beds & facilities to support hometown residents.



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) BARBARA J. LEARY

City BYRON State IL Zip 61010

Signature Barbara J. Leary

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) LARRY L CARR

City LEAF RIVER State IL Zip 61047

Signature Larry Carr

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) MABLE M. ASHELFORD

City BYRON State IL Zip 61010-9562

Signature Mable M. Ashelford

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 is a ~~need~~ need for Byron-*



STATE OF ILLINOIS  
 HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I.

IDENTIFICATION

Name (Please Print)

Sonnie G. Felder

City

Byron

State

IL

Zip

61010

Signature

Sonnie G. Felder

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)

For my husband Sam Felder  
 has been at Neighbors for 3 1/2 yrs

III.

POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Ernie Fry

City Byron State IL Zip 61010

Signature Ernie R. Fry

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Rita Buser

City Byron State IL Zip 61010

Signature Rita J. Buser

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



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Nathan Buser

City Byron State IL Zip 61010

Signature [Handwritten Signature]

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)

Spahn & Rose Lumber

III. POSITION (Circle appropriate position)

Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) RAMOND L. SWIDEN

City BYRON State IL Zip 61010

Signature Rev. Randy Z Swide

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)

FIRST BAPTIST CHURCH OF BYRON

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Dorothy A. Bowers

City Byron State IL Zip 61010

Signature Dorothy A. Bowers

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Sharon Mitchell

City Loves Park State IL Zip 60111

Signature Sharon Mitchell

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)

Concerned citizen for health care - Neighbors  
addition needed and wanted by the  
residents and past therapy patients.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) SUSAN FRY

City MT. MORRIS State IL Zip 61054

Signature *Susan Fry*

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)

Neighbors Rehab. I am currently staying  
here for the 2<sup>nd</sup> x rehabing after surg.  
The facility really needs upgrading + more  
room.

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Jarid F. Funderburg

City Belvidere State IL Zip 61008

Signature Jarid F. Funderburg

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)

Congressman Adam Kinzinger (IL-16)

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Eugene Hufford

City Byron State IL Zip 61010

Signature 

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



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION

Name (Please Print) Elizabeth W. Clift

City 8516 Byron Hills Ct State Byron Zip 61010

Signature Elizabeth W Clift

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)

Byron Citizen

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Gregory A. Beitel

City BYRON State IL Zip 61010

Signature Gregory A. Beitel

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)

Steward, United Church of Byron

III. POSITION (Circle appropriate position)

Support

Oppose

Neutral



STATE OF ILLINOIS  
**HEALTH FACILITIES AND SERVICES REVIEW BOARD**

**Public Hearing Appearance Only Registration Form**

**Facility Name: Neighbors Rehabilitation Center**

**Project Number: 14-008**

I. IDENTIFICATION  
 Name (Please Print) Todd Murray  
 City Byron State IL Zip 61010  
 Signature Todd Murray

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)  
Byron Police Dept

III. POSITION *(Circle appropriate position)*  
 Support                      Oppose                      Neutral



STATE OF ILLINOIS  
HEALTH FACILITIES AND SERVICES REVIEW BOARD

Public Hearing Appearance Only Registration Form

Facility Name: Neighbors Rehabilitation Center

Project Number: 14-008

I. IDENTIFICATION

Name (Please Print) Patti Kilmer

City Byron State IL Zip 61010

Signature Patti Kilmer

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