



# Ferrell Hospital

1201 Pine Street | Eldorado, IL 62930 | P: 618-273-3361 | F: 618-273-2571

December 19, 2016

**RECEIVED**

DEC 22 2016

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**CERTIFIED MAIL**  
**RETURN RECEIPT REQUESTED**

Mr. Michael Constantino  
Senior Reviewer  
Illinois Health Facilities and Services Review Board  
525 West Jefferson St.  
Springfield, IL 62761

**RE: Project #16-048—Ferrell Hospital**

Dear Mr. Constantino:

I received your voice message advising me that we failed to include the attachments referenced in the letter dated December 14, 2016. I have emailed those to you and the enclosed are the same documents referenced in my email dated today and the letter dated December 14, 2016. Thank you for alerting me that the information referenced was not included.

Sincerely,

Alisa Coleman, CEO

**ILLINOIS HEALTH FACILITIES AND SERVICES REVIEW BOARD  
APPLICATION FOR PERMIT**

**SECTION I. IDENTIFICATION, GENERAL INFORMATION, AND CERTIFICATION****This Section must be completed for all projects****Facility/Project Identification**

Facility Name: Ferrell Hospital		
Street Address: 1201 Pine Street		
City and Zip Code: Eldorado 62930		
County: Saline	Health Service Area: 5	Health Planning Area: F-05

**Applicant /Co-Applicant Identification****[Provide for each co-applicant [refer to Part 1130.220].**

Exact Legal Name: Deaconess Regional Healthcare Network Illinois, LLC
Address: 600 Mary Street, Evansville, IN 47747
Name of Registered Agent: CT Corporation
Name of Chief Executive Officer: Jared Florence
CEO Address: 600 Mary Street, Evansville, IN 47747
Telephone Number: (812) 450-2220

**Type of Ownership of Applicant/Co-Applicant**

<input type="checkbox"/> Non-profit Corporation	<input type="checkbox"/> Partnership	
<input type="checkbox"/> For-profit Corporation	<input type="checkbox"/> Governmental	
<input checked="" type="checkbox"/> Limited Liability Company	<input type="checkbox"/> Sole Proprietorship	<input type="checkbox"/> Other

- o Corporations and limited liability companies must provide an **Illinois certificate of good standing**.
- o Partnerships must provide the name of the state in which organized and the name and address of each partner specifying whether each is a general or limited partner.

**APPEND DOCUMENTATION AS ATTACHMENT-1 IN NUMERIC SEQUENTIAL ORDER AFTER THE LAST PAGE OF THE APPLICATION FORM.****Primary Contact****[Person to receive ALL correspondence or inquiries]**

Name: Jared Florence
Title: President
Company Name: Deaconess Regional Healthcare Network, LLC
Address: 600 Mary Street, Evansville, IN 47747
Telephone Number: (812) 450-2220
E-mail Address: Jared.Florence@deaconess.com
Fax Number:

**Additional Contact****[Person who is also authorized to discuss the application for permit]**

Name: Andrea Valentino
Title: Consultant
Company Name: Health Care Futures
Address: 300 Park Boulevard, Suite 200, Itasca, Illinois 60143
Telephone Number: (630) 467-1700 ext. 104
E-mail Address: a.valentino@healthcarefutures.com
Fax Number: (630) 467-1701

## **Section 1. Identification, General Information, and Certification.**

### **Applicant Identification**

Exact Legal Name: Ferrell Hospital Community Foundation (Primary Applicant, Legal Entity)  
Address: 1201 Pine Street, Eldorado, Illinois 62930  
Name of Registered Agent: Joseph Hohenberger  
Name of Chief Executive Officer: Alisa Coleman  
CEO Address: 1201 Pine Street, Eldorado, Illinois 62930  
Telephone Number: (618) 273-3361 ext. 150

### **Co-Applicant Identification**

Exact Legal Name: Deaconess Regional Healthcare Network Illinois, LLC  
Address: 600 Mary Street, Evansville, IN 47747  
Name of Registered Agent: CT Corporation  
Name of Chief Executive Officer: Jared Florence  
CEO Address: 600 Mary Street, Evansville, IN 47747  
Telephone Number: (812) 450-2220

Note: Ferrell is an independent community Hospital. The Deaconess organization provides key executive positions to Ferrell through a contract management agreement with its services entity and its network entity also appoints two (2) Board Members who have reserve powers over major capital expenditures; hence, the identification of the network entity as a co-applicant, as noted above. Deaconess, per se, has no "control" function over Ferrell as defined in Illinois Health Facilities and Services Review Board rules.

## **Section 1. Identification, General Information, and Certification.**

### **Primary Contact**

Name: Alisa Coleman  
Title: Administrator / CEO  
Company Name: Ferrell Hospital  
Address: 1201 Pine Street, Eldorado, Illinois 62930  
Telephone Number: (618) 273-3361 ext. 150  
E-mail Address: acoleman@ferrellhosp.org  
Fax Number: (618) 273-2571

### **Primary Contact**

Name: Jared Florence  
Title: President  
Company Name: Deaconess Regional Healthcare Network, LLC  
Address: 600 Mary Street, Evansville, Indiana 47747  
Telephone Number: (812) 450-2220  
E-mail Address: Jared.Florence@deaconess.com

### **Additional Contact (Updated)**

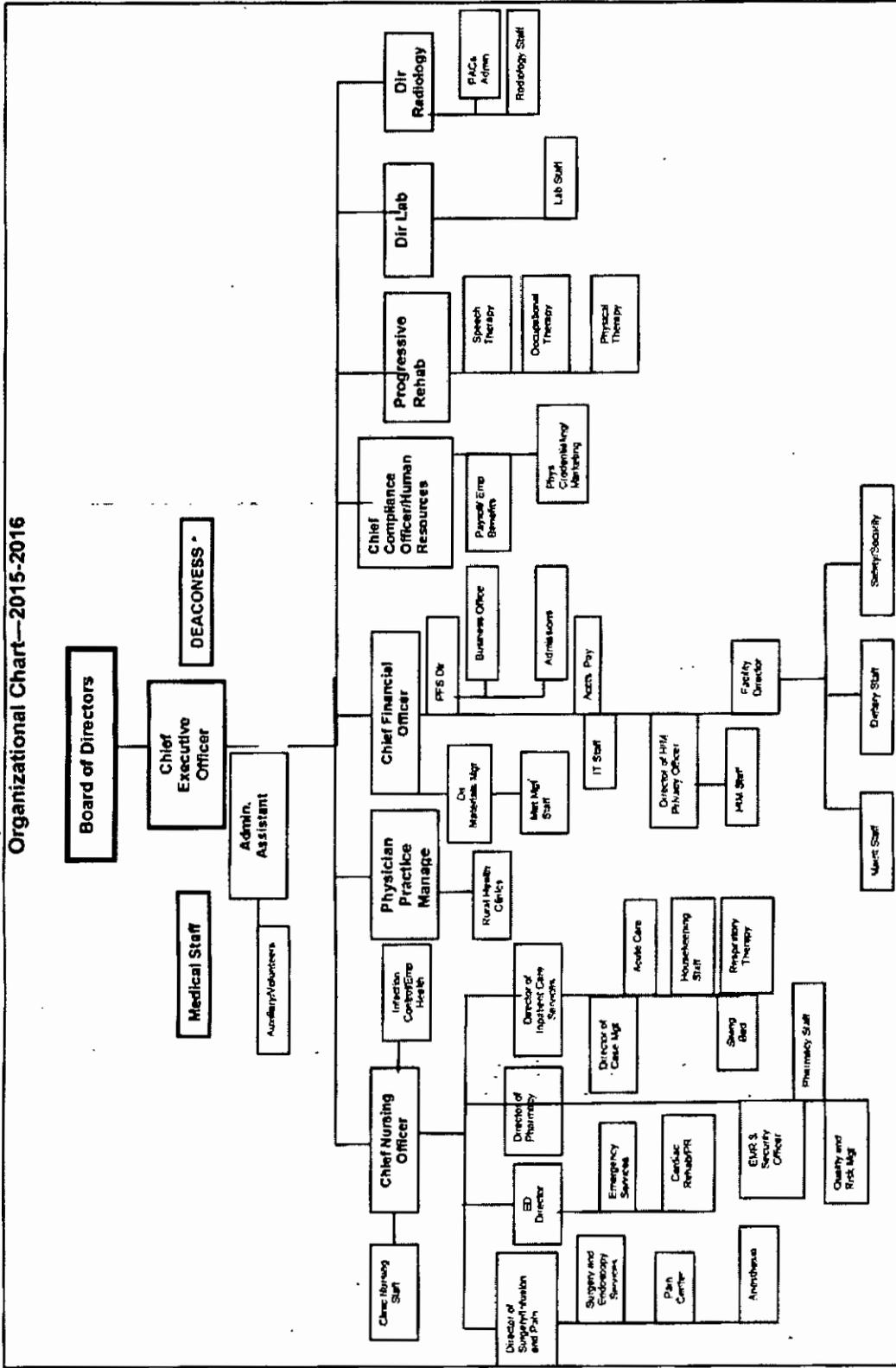
Name: Andrea Valentino  
Title: Consultant  
Company Name: Health Care Futures  
Address: 300 Park Boulevard, Suite 200, Itasca, Illinois 60143  
Telephone Number: (630) 467-1701 x 104  
E-mail Address: a.valentino@healthcarefutures.com  
Fax Number: (630) 467-1701

### **Site Ownership**

Exact Legal Name of Site Owner: Ferrell Hospital Community Foundation  
Address of Site Owner: 1201 Pine Street, Eldorado, Illinois 62930  
Street Address or Legal Description of Site: 1201 Pine Street, Eldorado, Illinois 62930

# FERRELL HOSPITAL COMMUNITY FOUNDATION

Organizational Chart—2015-2016



\* Deaconess provides key executive management personnel through its "service" corporation entity and two (2) Board Members through its "Network, LLC" entity which has reserve powers over certain capital financial expenditures. Deaconess has no "control" over Ferrell Hospital as an independent Hospital.