



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

525 WEST JEFFERSON ST. • SPRINGFIELD, ILLINOIS 62761 • (217) 782-3516 FAX: (217) 785-4111

December 29, 2016

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Alisa Coleman, CEO
Ferrell Hospital Community Foundation
1201 Pine Street
Eldorado, Illinois 62930

Re: Project #16-048 –Ferrell Hospital

Dear Ms. Coleman:

We are making a second request for Deaconess Health Systems most recent audited financial statements and we are asking for a copy of the Contribution Agreement. The original request was made in letter dated December 8, 2016.

*The purpose of the Health Facility Planning Act is to assure that a person establishing, constructing or modifying a health care facility, to have the qualifications, background, character and **financial resources** to adequately provide a proper service for the community. Additionally, the Act allows the State Board to request information the Board/Staff deems necessary to make the determination that the purpose of the Act has been met.*

The original request was made because you are asking the State Board to make a decision on a \$37 million project financed in whole by a loan that is yet to be approved. From the financial information you provided in the application for permit, we are unclear how Ferrell Hospital will be able service the debt without being affiliated with a health system. We also note that the Office of the General Counsel of the United State Department of Agriculture will also be requesting information from Deaconess Health Systems as documented at page 194 of the application for permit. Evidently the USDA considers Deaconess Health Systems is sufficiently involved with your proposal that they deem it necessary to inform you that they will be requesting information from them.

Also it would be helpful if we had a copy of the organizational chart of the ultimate parent of both Deaconess Regional Healthcare Service Illinois, Inc and Deaconess Regional Healthcare Network Illinois, LLC.

Regarding the contribution agreement, we are requesting that information because we want to assure ourselves that there has been no change in ownership of the hospital.

This is a formal request for information and you have thirty-days from the date of this letter to respond this request. We urge you to provide us with the requested information as soon as possible.

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Should you have any questions or concerns please contact Mike Constantino at mike.constantino@illinois.gov or 217.782-3516.

Sincerely,

A handwritten signature in black ink that reads "Mike Constantino". The signature is written in a cursive style with a large initial "M".

Mike Constantino, Project Reviewer
Illinois Health Facilities and Services Review Board