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Advocacy Action. Answers on Aging.

FAX TRANSMISSION

DATE: _____

THE FOLLOWING PAGES ARE BEING TRANSMITTED TO:

NAME: _____

Michael Helder

COMPANY: _____

Gov NHSTF

FAX NUMBER: _____

312-814-1050

NAME: _____

FROM:

Long Term Care Residents of Illinois

FAX NUMBER: _____

309-829-6021

There are _____ pages including this sheet.

COMMENTS: _____

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Funded by Older Americans Act and General Revenue through the Illinois Department on Aging

Governor Pat Quinn
Office of the Governor
207 State House
Springfield, IL 62706

Dear Governor Quinn,

On behalf of the residents at this nursing home, I wanted to let you know how excited we were to learn about what you and your Nursing Home Safety Task Force members have pledged to do, to improve the safety and living conditions in Illinois nursing homes.

We are writing today to urge you to keep this same high level of commitment to this cause. Please continue to fully support all of the recommendations that were put forth in the report issued by the Task Force at the end of February 2010.

We all hope that your Task Force's recommendations and new legislation will provide us with good care; educated nursing home staff and family members; and the safety and security that we rightfully deserve in our home.
Thank you.

Sincerely,

A handwritten signature in black ink, appearing to read "Linda J. Crupper". The signature is written in a cursive style and is positioned above the typed name and title.

Resident Council President
Vermilion Manor

Cc: Michael Gelder, Nursing Home Safety Task Force Chair
Long Term Care Ombudsman Program
Local State Senator
Local State Representative