



STATE OF ILLINOIS
HEALTH FACILITIES AND SERVICES REVIEW BOARD

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

September 13, 2012

CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Thomas J. Hudgins, FACHE
Administrator/CEO
Pinckneyville Community Hospital
101 North Walnut Street
Pinckneyville, Illinois 62274

RE: ALTERATION TO PERMIT #09-068
Health Facilities Planning Act
PROJECT: 09-068 Pinckneyville Community Hospital
APPLICANT(S): Pinckneyville Community Hospital
Pinckneyville Community Hospital District

Dear Mr. Hudgins:

On September 12, 2012, the Illinois Health Facilities and Services Review Board (HFSRB) approved the application for alteration to permit #09-068. This approval was based upon the project's substantial conformance with the applicable standards and criteria of 77 Ill Adm. Code 1130.750. In arriving at a decision, HFSRB considered the findings contained in the State Agency Report, the application material, any testimony made before HFSRB, and the Illinois Health Facilities Planning Act (20 ILCS 3960).

The permit holders are approved for the following: to decrease the total cost of the project from \$46,624,405 to \$31,187,575 (a cost decrease of \$15,436,830); decrease the total gross square footage (GSF) from 104,522 GSF to 82,946 GSF (a decrease of 21,576 GSF); and the reduction of medical surgical beds from 25 to 17.

This permit is valid only for the defined construction or modification, site, amount and the named permit holder and is **not transferable or assignable**. In accordance with the Planning Act, the permit is valid until such time as the project has been completed, provided that all post permit requirements have been fulfilled, pursuant to the requirements of 77 Ill. Adm. Code 1130 and may result in an invalidation of the permit, sanctions, fines and/or HFSRB action to revoke the permit.

The permit holder is responsible for complying with these requirements in order to maintain a valid permit. Failure to comply with the requirements may result in expiration of the permit or in HFSRB action to revoke the permit.

Should you have any questions, please contact our office at (217) 782-3516 (TDD # 800-547-0466 for hearing impaired only).

Sincerely,

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

Courtney Avery, Administrator
Illinois Health Facilities and Services Review Board

cc: Dale Galassie, Chairman