

CHARLES H. FOLEY & ASSOCIATES INC.

1638 South MacArthur Boulevard • Springfield, Illinois 62704
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
Carbondale Rehab & Nursing Center
120 North Tower Road
Carbondale, Illinois 62901

Re: Rehab & Care Ctr – Jackson County

Dear Administrator:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

Your response would be part of our application as filed with the Illinois Health Facilities and Services Review Board. Thus your immediate attention would be most appreciated.

If you should have any questions please do not hesitate to contact myself.

Sincerely,



John P. Kniery
Health Care Consultant



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1638 South MacArthur Boulevard • Springfield, Illinois 62704
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
Helia Healthcare of Carbondale
500 South Lewis Lane
Carbondale, Illinois 62901

Re: Rehab & Care Ctr – Jackson County

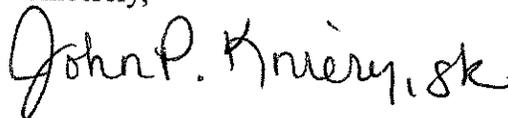
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August 1, 2012

Administrator
Helia Healthcare of Energy
210 East College
Energy, Illinois 62933

Re: Rehab & Care Ctr – Jackson County

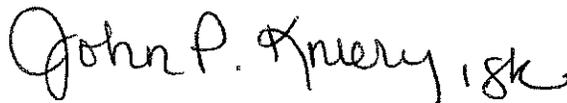
Dear Administrator:

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August 1, 2012

Administrator
UDI 1, LLC d/b/a Parkway Manor
3116 Williamson County Parkway
Marion, Illinois 62959

Re: Rehab & Care Ctr – Jackson County

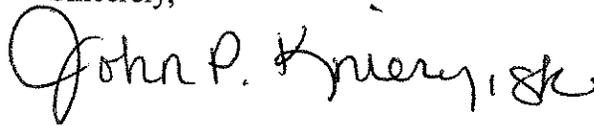
Dear Administrator:

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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
Cobden Rehab & Nursing Center
430 South Front Street
Cobden, Illinois 62920

Re: Rehab & Care Ctr – Jackson County

Dear Administrator:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

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217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
St. Ann's Healthcare Center
770 State Street
Chester, Illinois 62233

Re: Rehab & Care Ctr – Jackson County

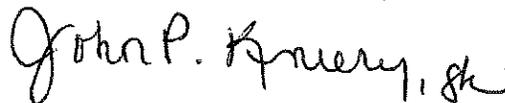
Dear Administrator:

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1638 South MacArthur Boulevard • Springfield, Illinois 62704
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
Jonesboro Rehab & Healthcare Center
995 IL-127 S
Jonesboro, Illinois 62952

Re: Rehab & Care Ctr – Jackson County

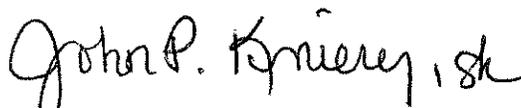
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August 1, 2012

Administrator
Anna Rehab & Nursing Center
315 Brady Mill Road
Anna, Illinois 62906

Re: Rehab & Care Ctr – Jackson County

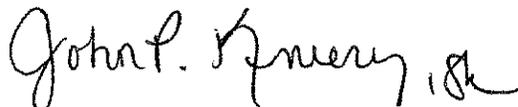
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August 1, 2012

Administrator
Union County Hospital LTC
517 North Main Street
Anna, Illinois 62906

Re: Rehab & Care Ctr – Jackson County

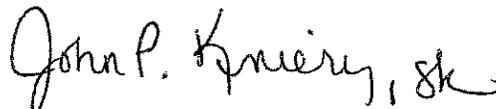
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1638 South MacArthur Boulevard • Springfield, Illinois 62704
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
Illinois Veterans Home at Anna
792 North Main
Anna, Illinois 62906

Re: Rehab & Care Ctr – Jackson County

Dear Administrator:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

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1638 South MacArthur Boulevard • Springfield, Illinois 62704
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
Herrin Rehab and Nursing Center
1900 North Park Street
Herrin, Illinois 62948

Re: Rehab & Care Ctr – Jackson County

Dear Administrator:

Rehab & Care Ctr – Jackson County is proposing the discontinuation of its Long-Term Care License at 1441 North 14th Street, Murphysboro, Illinois. According to the 77 Illinois Administrative Code Chapter II, Section 1110.130, Subchapter A of the Illinois Department of Public Health's Illinois Health Facilities Planning Act, a Certificate of Need application for permit must be filed. Part of this process includes the solicitation of letters from area facilities indicating their willingness to accommodate our remaining population without any conditions, limitations or discrimination.

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1638 South MacArthur Boulevard • Springfield, Illinois 62704
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
Shawnee Christian Nursing Center
1901 13th Street
Herrin, Illinois 62948

Re: Rehab & Care Ctr – Jackson County

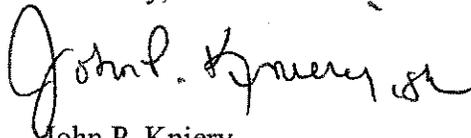
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1638 South MacArthur Boulevard • Springfield, Illinois 62704
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
Marion Rehab and Nursing Center
1301 East DeYoung
Marion, Illinois 62959

Re: Rehab & Care Ctr – Jackson County

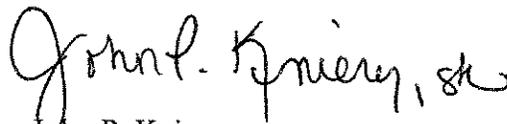
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1638 South MacArthur Boulevard • Springfield, Illinois 62704
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
Pinckneyville Health Care Center
708 Virginia Court
Pinckneyville, Illinois 62274

Re: Rehab & Care Ctr – Jackson County

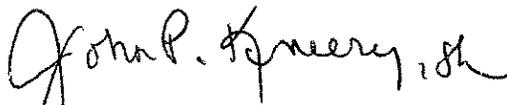
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1638 South MacArthur Boulevard • Springfield, Illinois 62704
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
Fairview Nursing Center
602 East Jackson
Duquoin, Illinois 62832

Re: Rehab & Care Ctr – Jackson County

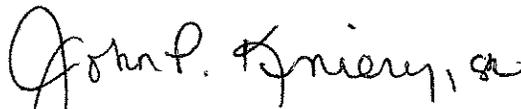
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1638 South MacArthur Boulevard • Springfield, Illinois 62704
217/544-1551 • Fax: 217/544-3615 • E-mail: foley.associates@sbcglobal.net

August 1, 2012

Administrator
Fair Acres Nursing Home
514 East Jackson
Duquoin, Illinois 62832

Re: Rehab & Care Ctr – Jackson County

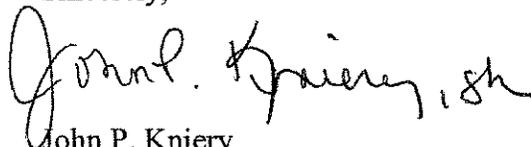
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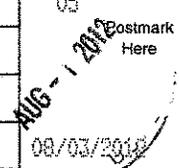


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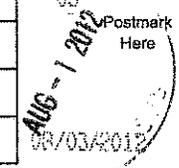
Sent To
 Heliathhealthcare of Energy
 Street, Apt. No.,
 or PO Box No. 210 East College
 City, State, ZIP+4
 Cherry IL 62933
 PS Form 3800, August 2006 See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.75	

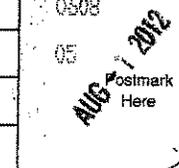
Sent To
 Carbondale Rehab Nursing Center
 Street, Apt. No.,
 or PO Box No. 20 North Tower Road
 City, State, ZIP+4
 Carbondale IL 62901
 PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1583

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Return Receipt Fee (Endorsement Required)	\$2.35	 Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.75	

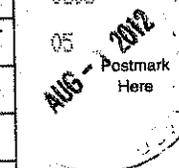
Sent To
 St. Ann's Healthcare Center
 Street, Apt. No.,
 or PO Box No. 770 State Street
 City, State, ZIP+4
 Chester IL 62233
 PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1675

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Return Receipt Fee (Endorsement Required)	\$2.35	 Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.75	

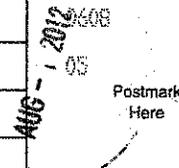
Sent To
 Partway Manor
 Street, Apt. No.,
 or PO Box No. 3116 Williamson County Pkwy
 City, State, ZIP+4
 Marion IL 62959
 PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1606

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Certified Fee	\$2.95	05
Return Receipt Fee (Endorsement Required)	\$2.35	 Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.75	

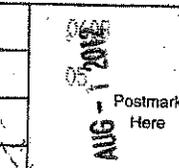
Sent To
 Anna Rehab Usq. Center
 Street, Apt. No.,
 or PO Box No. 315 Brady Will Road
 City, State, ZIP+4
 Ann IL 62906
 PS Form 3800, August 2006 See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.75	

Sent To
 Jonesboro Rehab Healthcare Center
 Street, Apt. No.,
 or PO Box No. 095 IL-127 S
 City, State, ZIP+4
 Jonesboro IL 62952
 PS Form 3800, August 2006 See Reverse for Instructions

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Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.75	

Sent To: IL Veterans Home at Anna
 Street, Apt. No., or PO Box No. 712 North Main
 City, State, ZIP+4 Anna, IL 62906

PS Form 3800, August 2006 See Reverse for Instructions

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Total Postage & Fees	\$ 05.75	

Sent To: Union County Hospital LLC
 Street, Apt. No., or PO Box No. 517 North Main Street
 City, State, ZIP+4 Anna, IL 62906

PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1699

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Total Postage & Fees	\$ 05.75	

Sent To: Shawnee Christian Nsg. Center
 Street, Apt. No., or PO Box No. 10113th Street
 City, State, ZIP+4 Herrin, IL 62948

PS Form 3800, August 2006 See Reverse for Instructions

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Postage	\$ 00.45	0608
Certified Fee	\$2.95	05
Return Receipt Fee (Endorsement Required)	\$2.35	Postmark Here AUG - 1 2012
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.75	

Sent To: Herrin Rehab Nsg. Center
 Street, Apt. No., or PO Box No. 1900 North Park Street
 City, State, ZIP+4 Herrin, IL 62948

PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1729

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OFFICIAL USE

Postage	\$ 00.45	0608
Certified Fee	\$2.95	05
Return Receipt Fee (Endorsement Required)	\$2.35	Postmark Here AUG - 1 2012
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.75	

Sent To: Pineknoville Health Care Center
 Street, Apt. No., or PO Box No. 708 Virginia Court
 City, State, ZIP+4 Pineknoville, IL 62274

PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1705

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Postage	\$ 00.45	0608
Certified Fee	\$2.95	05
Return Receipt Fee (Endorsement Required)	\$2.35	Postmark Here AUG - 1 2012
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 05.75	

Sent To: Marion Rehab & Nursing Center
 Street, Apt. No., or PO Box No. 1301 East DeYoung
 City, State, ZIP+4 Marion, IL 62959

PS Form 3800, August 2006 See Reverse for Instructions

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OFFICIAL USE

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75

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AUG - 1 2012
0608
05
05/01/2012

Sent To
Helia Health care of Carbondale
Street, Apt. No.,
or PO Box No. 500 South Lewis here
Carbondale, IL 62901
City, State, Zip+4
PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1651

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Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75

Postmark Here
AUG - 1 2012
0608
05
05/01/2012

Sent To
Fair Acres Nursing Home
Street, Apt. No.,
or PO Box No. 514 East Jackson
Dugwison, IL 62832
City, State, Zip+4
PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1743

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Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75

Postmark Here
AUG - 1 2012
0608
05
05/01/2012

Sent To
Fairview Nursing Center
Street, Apt. No.,
or PO Box No. 608 East Jackson
Dugwison, IL 62832
City, State, Zip+4
PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1736

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OFFICIAL USE

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75

Postmark Here
AUG - 1 2012
0608
05
05/01/2012

Sent To
Cobden Rehab Nursing Center
Street, Apt. No.,
or PO Box No. 430 South Front Street
Cobden, IL 62920
City, State, Zip+4
PS Form 3800, August 2006 See Reverse for Instructions

7010 2780 0000 8789 1767

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Fairview Nursing Center 602 East Jackson Duquion, IL 62832 Attention: Administrator</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7010 2780 0000 8789 1736</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Carbondale Rehab Nursing Ctr. 120 North Tower Road Carbondale, IL 62901 Attention: Administrator</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7010 2780 0000 8789 1750</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>Helix Health Care of Carbondale 500 South Lewis Lane Carbondale, IL 62901 Attention: Administrator</p>		<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7010 2780 0000 8789 1651</p>			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	



Liberty Village of Marion

May 7, 2012

To Whom It May Concern:

I am writing this letter in support of the Certificate of Need for a new facility to be built in Carbondale, Illinois. I have been in healthcare for just over 36 years, and 22 years of my professional career has been in Long Term Care.

In the last calendar year, Liberty Village of Marion has served 44 residents of Jackson County. These services were provided to those residents as the Carbondale facilities did not meet their need for rehabilitation.

Please approve of the CON that will lessen the hardship of traveling away from Jackson County to the residents and families who need the rehabilitative services.

If you have any questions or concerns please feel free to call me at 618-993-8600.

Sincerely,

Yolanda Fisher, BSW, LNHA

Administrator

*3116 Williamson County Parkway • Marion, Illinois 62959
Phone 618/993-8600 • Fax 618/993-5887*



Liberty Village of Marion

May 18, 2012

John P. Kniery
Health Care Consultant
Foley & Associates, Inc
1638 South MacArthur Boulevard
Springfield, Illinois 62704

Dear Mr. Kniery:

I am writing this letter in support of the Certificate of Need for a new facility to be built in Carbondale, Illinois in Jackson County. I am the Administrator of Liberty Village in Marion Illinois, known as Parkway Manor.

Due to the fact that Carbondale is in need of specialized skilled services for their deserving citizens, Parkway Manor has served 44 of those citizens last year. The first quarter of this year we have already served 33 of Jackson County citizens

*3116 Williamson County Parkway • Marion, Illinois 62959
Phone 618/993-8620 • Fax 618/993-5887*

Just today I encountered an elderly woman who had a friend drive her to Parkway's front door and wanted to be admitted, as her physician in Carbondale told her come over to Parkway and get admitted because she needed the care to get stronger to return home.

Marion's market is different and distinct from Carbondale's and Jackson County. I do believe that the new facility will have little impact on Williamson County due to the fact that the project is reducing overall capacity and will be full immediately with the transferring of residents from Murphysboro.

As you can see, we have and will continue to accept and care for residents that need our services. Please approve of the CON that will lessen the hardship of traveling away from Jackson County to the residents and families who need the rehabilitative services.

If you have any questions or concerns please feel free to call me at 618-993-8600.
Thank you.

Sincerely,



Yolanda Fisher, BSW, LNHA

Administrator

Pinckneyville Health Care Center

708 Virginia Court

Pinckneyville, Illinois 62274

PH 618-357-2493 FX 618-357-3120

Mr. John Kniery

1638 South MacArthur Blvd.

Springfield, Illinois 62704

August 7, 2012

Re: Rehab & Care Ctr—Jackson County

Dear Mr Kniery,

We at Pinckneyville Health Care Center could comfortably accommodate up to 25 residents. If we could be of any assistance please do not hesitate to contact myself at 618-357-2493.

Sincerely,

A handwritten signature in black ink, appearing to read "Lon Lindner", with a large, stylized loop at the end.

Lon Lindner

Administrator