

15 January 2014

Illinois Health Facilities and Services Review Board
525 West Jefferson Street, Second Floor
Springfield, IL 62761

RECEIVED
JAN 21 2014
HEALTH FACILITIES &
SERVICES REVIEW BOARD

To Whom It May Concern:

I am writing this letter in support of the proposed AegeanMed Transitional Care Center of Lockport's application to construct and operate a 110-bed skilled nursing facility in Will County, Illinois.

As a physician serving Lockport and the surrounding communities, I am familiar with the growing population of this area and the corresponding need to ensure quality health care for a growing population of residents.

Being able to discharge our patients to skilled nursing facilities closer to home is surely a desired goal for patients and the families that care for them. We are confident as well that AegeanMed Transitional Care Center of Lockport will provide a valuable service to the community members of the area.

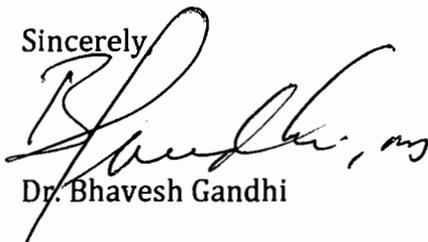
Based on recent experience, I could refer over 50 patients per year from this area to the AegeanMed Transitional Care Center of Lockport for skilled nursing and/or rehabilitation. I have served over 300 patients who have received care at existing skilled nursing facilities in the past year.

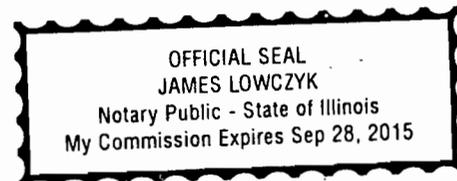
The prospective resident referrals used in this application for AegeanMed Transitional Care Center of Lockport have not been used to support another pending or approved CON application for general long-term care services.

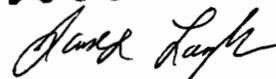
AegeanMed Healthcare Project Number 13-048

I fully support the proposed facility.

Sincerely,


Dr. Bhavesh Gandhi





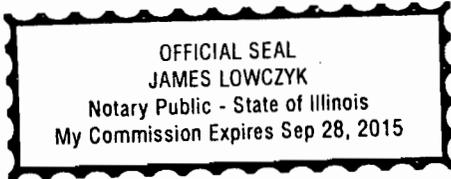
INDIVIDUAL ACKNOWLEDGMENT

State/Commonwealth of IL } ss.
County of Will

On this the 15th day of January, 2014, before me,
James Lowczyk, the undersigned Notary Public,
Name of Notary Public
personally appeared Bhavesh Gardi,
Name(s) of Signer(s)

- personally known to me – OR –
- proved to me on the basis of satisfactory evidence

to be the person(s) whose name(s) is/are subscribed to the within instrument, and acknowledged to me that he/she/they executed the same for the purposes therein stated.



WITNESS my hand and official seal.

James Lowczyk
Signature of Notary Public

Place Notary Seal/Stamp Above

Any Other Required Information
(Printed Name of Notary, Expiration Date, etc.)

OPTIONAL

Not required by law, this information can be useful to those relying on the document and prevent fraud.

Description of Any Attached Document

Title or Type of Document: _____

Document Date: _____ Number of Pages: _____

Signer(s) Other Than Named Above: _____

RIGHT THUMBPRINT OF SIGNER #1	RIGHT THUMBPRINT OF SIGNER #2
Top of thumb here	Top of thumb here

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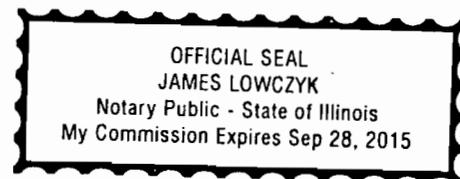
AegeanMed Healthcare Project Number 13-048

I fully support the proposed facility.

Sincerely,



Dr. Marc Kantar



INDIVIDUAL ACKNOWLEDGMENT

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County of Will }

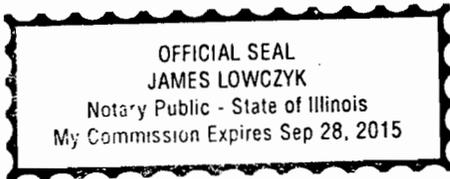
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Day Month Year

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