

# St. Mary's Good Samaritan

co-sponsored by Felician Services & SSM Health Care

June 18, 2013

Mr. Dale Galassie  
Chairperson  
Illinois Health Facilities & Services Review Board (IHFSRB)  
525 W. Jefferson Street, 2<sup>nd</sup> Floor  
Springfield, IL 62761

**RECEIVED**  
JUN 24 2013  
HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**RE: Report of Final Realized Costs  
IHFSRB Project #08-070  
Physicians Surgery Center at Good Samaritan – Ambulatory Surgical Treatment Center**

Dear Mr. Galassie:

In accordance with 77 Illinois Administrative Code 1130.770 subchapter b., Good Samaritan Regional Health Center is notifying IHFSRB of its final costs for Project #08-070 for the Ambulatory Surgical Treatment Center (ASTC). The Project costs and sources are summarized on page 5 in the attached Project audit prepared by Kerber, Eck, and Braeckel, LLP, a certified public accounting firm. The Project total cost of \$6,274,746 is below the altered permit amount of \$7,431,427. Also attached is the final Application and Certification for Payment (AIA Form G-702) for the construction contract.

Good Samaritan Regional Health Center certifies that the costs detailed are those which have been or will be submitted for reimbursement under Title XVIII and XIX of the Social Security Act. We further certify that these are the final total realized costs required to complete the Project and that there are no additional or associated costs or capital expenditures related to the Project which will be submitted for reimbursement under Title XVIII and XIX. This Project complies with all terms of the permit with regards to project cost, square footage, services, and other pertinent aspects.

I, the undersigned, am an officer of Good Samaritan Regional Health Center, the permit holder.

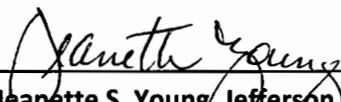
Sincerely,



Michael Warren, FACHE  
President, Good Samaritan Regional Health Center

Subscribed and sworn to me this 18th day of June, 2013.

Notary Public:

  
Jeanette S. Young, Jefferson County, Illinois  
Commission expires: May 26, 2015

OFFICIAL SEAL  
JEANETTE S. YOUNG  
NOTARY PUBLIC - STATE OF ILLINOIS  
MY COMMISSION EXPIRES MAY. 26. 2015

1 Good Samaritan Way  
Mt. Vernon, IL 62864  
618.242.4600

www.smsgsi.com

TO OWNER: Physicians Surgery Ctr. at Good Sam.  
 8 Cadillac Drive, Suite 200  
 Brentwood, TN 37027

PROJECT: 12-038 MTV Ambulatory Surgery C APPLICATION NO: 008  
 PERIOD TO: 4/26/2013  
 PROJECT NOS.: 12-038 MTV AMJ ARCHITECT  
 CONTRACTOR

Distribution to:  
 OWNER  
 ARCHITECT  
 CONTRACTOR

FROM CONTRACTOR: Shores Builders Inc.  
 1154 Schwartz Road  
 Centralia, IL 62801

VIA ARCHITECT: Shores Builders Inc.  
 1154 Schwartz Road  
 Centralia, IL 62801

CONTRACT DATE:

CONTRACT FOR:

**CONTRACTOR'S APPLICATION FOR PAYMENT**

Application is made for payment, as shown below, in connection with the contract Continuation Sheet, AIA Document G703, is attached.

- 1. ORIGINAL CONTRACT SUM ..... \$2,197,766.90
- 2. Net change by Change Orders ..... \$81,462.02
- 3. CONTRACT SUM TO DATE (Line 1 ±2) ..... \$2,279,228.92
- 4. TOTAL COMPLETED & STORED TO DATE ..... \$2,279,228.92  
 (Column G on G703)

5. RETAINAGE:

- a. 0 % of Completed Work ..... \$0.00  
 (Columns D + E on G703)
- b. 0 % of Stored Material ..... \$0.00  
 (Columns F on G703)

Total Retainage (Line 5a + 5b or Total in Columns I on G703) ..... \$0.00

6. TOTAL EARNED LESS RETAINAGE ..... \$2,279,228.92  
 (Line 4 less Line 5 Total)

7. LESS PREVIOUS CERTIFICATES FOR PAYMENT

(Line 6 from prior Certificate) ..... \$2,227,447.66

8. CURRENT PAYMENT DUE ..... \$51,781.26

9. BALANCE TO FINISH, INCLUDING RETAINAGE

(Line 3 less Line 6) ..... \$0.00

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$116,821.89	\$6,451.00
Total approved this Month	\$25,964.78	\$54,873.65
TOTALS	\$142,786.67	\$61,324.65
NET CHANGES by Change Order		\$81,462.02

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for Work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

CONTRACTOR: *Shores Builders Inc.*

By: *[Signature]* Date: 4/26/2013

Steve Shores, Jr.

State of: Illinois  
 County of: Marion  
 Subscribed and sworn to before me this 26th day of April, 2013

Notary Public: *Mary M Grubb*  
 My Commission expires: 1/23/14



**ARCHITECT'S CERTIFICATE FOR PAYMENT**

In accordance with the Contract Documents, based on on-site observations and the data comprising this application, the Architect certifies to the Owner that to the best of the Architect's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED ..... \$51,781.26

(Attach explanation if amount certified differs from the amount applied for. Initial all figures on this Application and on the Continuation Sheet that are changed to conform to the amount certified.)

ARCHITECT: Philo-Wilke Partnership

By: Kevin Tenbrook Date: 4/26/2013

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract

**FINAL LIEN WAIVER**

**STATE OF ILLINOIS  
COUNTY OF MARION**

**Ambulatory Surgery Center  
Mt. Vernon, IL**

To Whom It May Concern:

WHEREAS the undersigned has been employed by ..... Physicians Surgery Center  
to furnish for the premises known as ..... Ambulatory Surgery Center  
of which the named is owner ..... Physicians Surgery Center

THE undersigned, for and in consideration of Two million two hundred seventy nine thousand two hundred twenty eight dollars and 92/100 ( \$2,279,228.92 ), and other good and valuable considerations, the receipt whereof acknowledged, do(es) hereby waive and release any and all lien or claim of, or right to, lien, under the statutes of the State of Illinois, relating to mechanics' liens, with respect to and on said above-described premises, and the improvements thereon, and on the material, fixtures, apparatus or machinery furnished, and on the moneys, funds, or other considerations due or to become due from the owner, on account of labor, services, material, fixtures, apparatus or machinery, furnished to this date by the undersigned for the above-described premises.

Given under MY hand and seal this 26th day of April, 2013.

(AFFIX CORPORATE SEAL HERE)

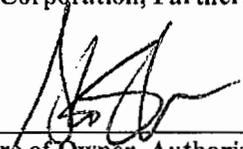
BY: SHORES BUILDERS INC.

Name of Corporation, Partnership, Business, Etc.

ATTEST:

  
Signature of Secretary of Corporation  
Marjorie Shores, Secretary

ITS:

  
(Signature of Owner, Authorized Representative)  
Stephen D. Shores, Jr.

NOTE: All waivers must be for the full amount paid. If waiver is for a corporation, corporate name should be used, corporate seal affixed and title of officer, signing waiver should be set forth; if waiver is for a partnership, the partnership name should be used, partner should sign and designate himself as partner.

PHYSICIANS SURGERY CENTER AT GOOD SAMARITAN

d/b/a PHYSICIANS SURGERY CENTER AT GOOD SAMARITAN, LLC, GOOD SAMARITAN  
REGIONAL HEALTH CENTER, SSM REGIONAL HEALTH SERVICES, SSM HEALTH CARE  
CORPORAION AND MOUNT VERNON PHYSICIANS, LLC

HEALTH FACILITIES AND SERVICES  
REVIEW BOARD (HFSRB)  
HFSRB PROJECT #08-070  
SCHEDULE OF PROJECT COSTS AND  
SOURCES OF FUNDS

For the Period January 28, 2009 to June 11, 2013



PHYSICIANS SURGERY CENTER AT GOOD SAMARITAN  
d/b/a PHYSICIANS SURGERY CENTER AT GOOD SAMARITAN, LLC, GOOD SAMARITAN  
REGIONAL HEALTH CENTER, SSM REGIONAL HEALTH SERVICES, SSM HEALTH CARE  
CORPORATION AND MOUNT VERNON PHYSICIANS, LLC

HEALTH FACILITIES AND SERVICES REVIEW BOARD  
PHYSICIANS SURGERY CENTER AT GOOD SAMARITAN PROJECT  
HFSRB PROJECT #08-070  
SCHEDULE OF PROJECT COSTS AND SOURCES OF FUNDS  
For the period from January 28, 2009 to June 11, 2013

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Kerber, Eck & Braeckel LLP

CPAs and  
Management Consultants  
1116 W. Main Street  
Carbondale, IL 62901-2335  
ph 618.529.1040  
fax 618.549.2311  
www.kebcpa.com

INDEPENDENT AUDITORS' REPORT

To the Board of Directors  
Physicians Surgery Center at Good  
Samaritan and to the State of Illinois'  
Health Facilities and Planning Board

We have audited the accompanying schedule of Project Costs and Sources of Funds of Physicians Surgery Center at Good Samaritan d/b/a Physicians Surgery Center at Good Samaritan, LLC, Good Samaritan Regional Health Center, SSM Regional Health Services, SSM Health Care Corporation and Mount Vernon Physicians, LLC related to the Health Facilities and Services Review Board ("HFSRB") Project #08-070 for the period from January 28, 2009 through June 11, 2013 (Schedule), and related note.

Management is responsible for the preparation and fair presentation of this Schedule in accordance with accounting principles generally accepted in the United States of America: this included the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the schedule that is free from material misstatement, whether due to fraud or error.

Our responsibility is to express an opinion on the Schedule based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the Schedule is free of material misstatement.

An audit includes examining, on a test basis, evidence supporting the amounts on the Schedule. An audit also involves performing procedures to obtain audit evidence about the amounts and disclosures in the schedule. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the Schedule, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the schedule in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the Schedule.

The accompanying Schedule was prepared to present the project costs of funds for the purpose of complying with the terms of the Health Facilities and Services Review Board permit as described in Note 1 and is not intended to be a complete presentation of Physicians Surgery Center at Good Samaritan's financial position.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

In our opinion, the Schedule referred to above presents fairly, in all material respects and in accordance with the aforementioned guidelines, the project costs and sources of funds of the Physicians Surgery Center at Good Samaritan's for the period from January 28, 2009 through June 11, 2013, in conformity with accounting principles generally accepted in the United States of America.

This report is intended solely for the information and use of the management of the Physicians Surgery Center at Good Samaritan and the state of Illinois, and is not intended to be and should not be used by anyone other than these specified parties.

*Kerber, Ed & Brauchel LLP*

Carbondale, Illinois  
June 13, 2013

PHYSICIANS SURGERY CENTER AT GOOD SAMARITAN  
d/b/a PHYSICIANS SURGERY CENTER AT GOOD SAMARITAN, LLC, GOOD SAMARITAN REGIONAL  
HEALTH CENTER, SSM REGIONAL HEALTH SERVICES, SSM HEALTH CARE CORPORATION AND MOUNT  
VERNON PHYSICIANS, LLC

HEALTH FACILITIES AND SERVICES REVIEW BOARD  
PHYSICIANS SURGERY CENTER AT GOOD SAMARITAN PROJECT  
HFSRB PROJECT #08-070

SCHEDULE OF PROJECT COSTS AND SOURCES OF FUNDS  
For the period from January 28, 2009 to June 11, 2013

	Project Cost		
	Approved Permit Amount	Actual Funds Expended	Variance
Cost			
Preplanning Costs	\$ -	\$ -	\$ -
Site Survey and Soil Investigation	-	-	-
Site Preparation	-	-	-
Off Site Work - Demolition	-	-	-
New Construction Contracts	921,023	450,829	470,194
Builder's Risk	-	-	-
Contingencies	82,000	68,000	14,000
Contingencies - Construction	-	-	-
Contingencies - Owner	-	-	-
Architects/Engineering Fees	199,784	202,370	(2,586)
Consulting and Other Fees	210,000	297,232	(87,232)
Movable/Other Equipment	2,055,000	2,414,511	(359,511)
Bond Issuance Expense (Project Related)	-	-	-
Net Interest Expense During Construction (Project Related)	-	-	-
Fair Market Value of Leased Space or Equipment	3,582,043	2,794,418	787,625
Other Costs to be Capitalized	381,577	47,386	334,191
Acquisition of Building or Other Property (Excluding Land)	-	-	-
Total Construction Related	<u>7,431,427</u>	<u>6,274,746</u>	<u>1,156,681</u>
Net Interest Expense During Construction	-	-	-
Total Finance Related	-	-	-
Total Assets	<u>\$ 7,431,427</u>	<u>\$ 6,274,746</u>	<u>\$ 1,156,681</u>
	Sources of Funds		
	Approved CON Amount	Actual Funds Spent	Variance
Cash and Securities	\$ 1,100,000	\$ 680,328	\$ 419,672
Pledges	-	-	-
Gifts and Bequests	-	-	-
Bond Issues (Project Related)	-	-	-
Mortgages/Loans	2,749,384	2,800,000	(50,616)
Leases (Fair Market Value)	3,582,043	2,794,418	787,625
Government Appropriations	-	-	-
Grants	-	-	-
Other Funds and Sources	-	-	-
Total Funds	<u>\$ 7,431,427</u>	<u>\$ 6,274,746</u>	<u>\$ 1,156,681</u>

*See note to schedule of project costs and sources of funds*

PHYSICIANS SURGERY CENTER AT GOOD SAMARITAN  
NOTES TO SCHEDULE OF PROJECT COSTS AND SOURCES OF FUNDS  
Period January 28, 2009 to June 11, 2013

NOTE 1 - DESCRIPTION OF PROJECT

Physicians Surgery Center at Good Samaritan was issued a permit for the establishment of a Ambulatory Surgical Treatment Center (ASTC) in a space leased from Mount Vernon Physicians, LLC, in a Medical Office Building known as Good Samaritan Physicians and Ambulatory Services Building which will be located on land leased from Good Samaritan Regional Health Center under the Illinois's Health Facilities and Services Review Board (HFSRB) Project #08-070. The ASTC will have a total of 13,675 gross square feet and will house 3 operating rooms and two procedure rooms which will be counted and justified as 5 operating rooms. Work on the project was started January 2009. The project was approved by the HFSRB at an estimated cost of \$8,949,271 and in 2010 an alteration was approved reducing the number of operating rooms to 4; total square feet to 10,937; and the estimated cost of \$7,432,427. Final project costs totaled \$6,274,746. The Schedule has been prepared in conformity with accounting principles generally accepted in the United States of America.

