

# FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHA  
Health Care Consultant  
cfoley@foleyandassociates.com

John P. Kniery  
Health Care Consultant  
jkniery@foleyandassociates.com

## HAND DELIVERED

December 2, 2013

Mr. Michael Constantino  
Illinois Health Facilities and Services Review Board  
525 West Jefferson Street, Suite 200  
Springfield, Illinois 62761

## RECEIVED

DEC 02 2013

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Re: Bel-Wood Nursing Home - Peoria County  
Project No. 11-013**

Dear Mr. Constantino:

Pursuant to Section 1130.770, Project Completion, Final Realized Costs and Cost Overruns, we hereby submit the notification of project completion and final costs on the above referenced project.

d)1) Itemization of all projects costs:

Attached, as **EXHIBIT I**, is the detailed itemization of the Uses and Sources of Funds by line item showing the amount approved under Project No. 11-060 as well as the amount expended and the percent expended by line item.

d)2) An itemization of those project costs that have been or will be submitted for reimbursement under Titles XVIII and XIX;

Attached, also as **EXHIBIT I**, is the detailed itemization of the Uses and Sources of Funds by line item showing the project's costs that will be submitted for reimbursement under Titles XVIII and XIX.

d)3) A certification that the final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX;

Attached, as **EXHIBIT II**, is a certified letter attesting that the final realized costs as shown under Exhibit I is complete for submission for reimbursement under Titles XVIII and XIX and that there are no additional or associated costs related to this project that will be submitted for reimbursement under Title XVIII or XIX.



Mr. Michael Constantino

December 2, 2013

Page Two

- d)4) Certification of compliance with all terms of the permit to date, including project cost, square footage, services, etc.; certification attesting to compliance with the requirements of the Section must be in the form of a notarized statement signed by an authorized representative the permit holder; and

**EXHIBIT III** is a certified letter stating that the project as approved is in compliance with all terms of the permit including the project cost, square footage, and services.

- d)5) The final Application and certification for Payment for the construction contract, as per the American Institute of Architect form G702 or equivalent;

The final Contractor's Application for Payment form G702 (revised) is shown as **EXHIBIT IV**.

- d)6) For permits with a project cost equal to or greater than three times the capital expenditure minimum in place at the time of permit approval, an audited financial report of all project costs and sources of funds.

**EXHIBIT V** is a copy of the audit of the financial report of all project costs and sources of funds.

This correspondence is meant to satisfy the requirement for completeness. Additionally, a copy of the facility's IDPH facility license is appended as **EXHIBIT VI**. Should you or your staff have any questions or concerns, please do not hesitate to contact me. Thank you in advance for your consideration.

Sincerely,



John P. Kniery  
Health Care Consultant

## ENCLOSURES

C: Michael A. Scavotto  
Scott A. Sorrell

**Exhibit 1**

Submitted in fulfillment of

d) 1: itemization of all project costs

and

d) 2: itemization of those project costs that have been or will be submitted for reimbursement under Title XVIII and XIX

**Peoria County, Illinois  
Bel-Wood Nursing Home**

Permit #11-013

Schedule of Project Costs and Sources of Funds  
Through July 31, 2013

	Project Cost		
	Approved Permit <u>Amount</u>	Actual Funds <u>Expended</u>	<u>Variance</u>
<b>Use of Funds</b>			
Preplanning Costs	\$ 550,565	\$ 520,135	\$ 30,430
Site Survey and Soil Investigation	61,300	61,300	-
Site Preparation	3,624,916	3,876,353	(251,437)
Off Site Work	412,069	-	412,069
New Construction Contracts	30,915,683	31,354,593	(438,910)
Contingencies	3,091,568	-	3,091,568
Architectural / Engineering Fees	3,438,041	4,002,647	(564,606)
Consulting and Other Fees	1,527,843	1,587,148	(59,305)
Movable or Other Equipment (not in construction contracts)	1,476,988	1,921,926	(444,938)
Bond Issuance Expense (project related)	<u>535,000</u>	<u>727,450</u>	<u>(192,450)</u>
Total construction related	45,633,973	44,051,552	1,582,421
 Net Interest Expense During Construction (project related)	 3,460,000	 2,995,778	 464,222
Total finance related	<u>3,460,000</u>	<u>2,995,778</u>	<u>464,222</u>
<b>Total Uses of Funds</b>	<u>\$ 49,093,973</u>	<u>\$ 47,047,330</u>	<u>\$ 2,046,643</u>
 <b>Source of Funds</b>			
Cash and Securities	\$ 5,450,000	\$ 4,397,143	\$ 1,052,857
Bond Issues (project related)	<u>43,643,972</u>	<u>42,650,187</u>	<u>993,785</u>
<b>Total Sources of Funds</b>	<u>\$ 49,093,972</u>	<u>\$ 47,047,330</u>	<u>\$ 2,046,642</u>

See accompanying notes to schedule.

## **Exhibit 2**

Submitted in fulfillment of d) 3: the project costs presented in this report are the total costs for the project; there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX



Lori Curtis Luther  
County Administrator

## County of Peoria County Administration

Peoria County Courthouse, Room 502  
324 Main Street, Peoria, Illinois 61602  
Phone (309) 672-6056 Fax (309) 672-6054 TDD (309) 672-6073  
Email: [lcurtisluther@peoriacounty.org](mailto:lcurtisluther@peoriacounty.org)

**HAND DELIVERED**

Wednesday, November 27, 2013

Kathryn J Olson, Chair  
**Health Facilities and Services Review Board**  
**Illinois Department of Public Health**  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**Re: HFSRB Project Number 11-013**  
**Bel-Wood Nursing Home**  
**Project Completion**

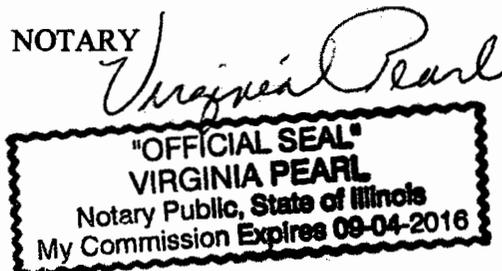
Dear Ms. Olson:

Please accept this correspondence as certification that the final realized costs are the total costs required to complete the project and that there are no additional or associated costs or capital expenditures related to the project that will be submitted for reimbursement under Title XVIII or XIX.

Sincerely,

Lori Curtis Luther  
Peoria County Administrator

NOTARY



DATE

11/27/2013

EXHIBIT II

**Peoria County, Illinois**  
**Bel-Wood Nursing Home**  
 Permit #11-013  
 Schedule of Project Costs and Sources of Funds  
 Through July 31, 2013

	Project Cost		
	Approved Permit Amount	Actual Funds Expended	Variance
<b>Use of Funds</b>			
Preplanning Costs	\$ 550,565	\$ 520,135	\$ 30,430
Site Survey and Soil Investigation	61,300	61,300	-
Site Preparation	3,624,916	3,876,353	(251,437)
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Total finance related	<u>3,460,000</u>	<u>2,995,778</u>	<u>464,222</u>
<b>Total Uses of Funds</b>	<u><u>\$ 49,093,973</u></u>	<u><u>\$ 47,047,330</u></u>	<u><u>\$ 2,046,643</u></u>
<b>Source of Funds</b>			
Cash and Securities	\$ 5,450,000	\$ 4,397,143	\$ 1,052,857
Bond Issues (project related)	<u>43,643,972</u>	<u>42,650,187</u>	<u>993,785</u>
<b>Total Sources of Funds</b>	<u><u>\$ 49,093,972</u></u>	<u><u>\$ 47,047,330</u></u>	<u><u>\$ 2,046,642</u></u>

See accompanying notes to schedule.

**Exhibit 3**

Submitted in fulfillment of d) 4: the project is in compliance with all terms of the permit,  
including project cost, square footage, and services



Lori Curtis Luther  
County Administrator

## County of Peoria County Administration

Peoria County Courthouse, Room 502  
324 Main Street, Peoria, Illinois 61602  
Phone (309) 672-6056 · Fax (309) 672-6054 TDD (309) 672-6073  
Email: [lcurtisluther@peoriacounty.org](mailto:lcurtisluther@peoriacounty.org)

### **HAND DELIVERED**

Wednesday, November 27, 2013

Kathryn J Olson, Chair  
**Health Facilities and Services Review Board**  
**Illinois Department of Public Health**  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

**Re: HFSRB Project Number 11-013**  
**Bel-Wood Nursing Home**  
**Project Completion**

Dear Ms. Olson:

Please accept this correspondence as certification of compliance with all terms of the permit to date, including project cost, square footage, services, etc.; certification attesting to compliance with the requirements of this Section.

Sincerely,

Lori Curtis Luther  
Peoria County Administrator

NOTARY

DATE 11-27-2013

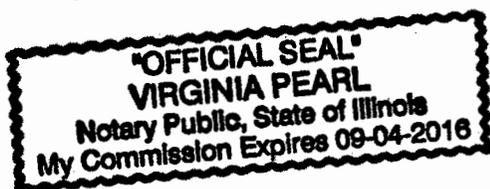


EXHIBIT III

**Exhibit 4**

Submitted in fulfillment of d) 5: final Application and Certification for Payment

**Application and Certificate for Payment**

TO (OWNER): COUNTY OF PEORIA  
PURCHASING DIVISION  
324 MAIN ST RM 501  
PEORIA IL 61602

PROJECT: BEL-WOOD NURSING HOME  
2223 W HEADING AVE  
PEORIA, IL 61604

ATTN: GARY KOBES

FROM: RIVER CITY CONSTRUCTION LLC  
101 HOFFER LANE  
EAST PEORIA IL 61611

ARCHITECT/  
ENGINEER:

CONTRACT: GENERAL CONTRACTOR

APPLICATION NO.: 27

PERIOD TO: 10/31/2013

OWNER'S PROJECT NO.:

CONTRACTOR'S PROJECT NO.: 17610

ARCHITECT'S PROJECT NO.:

CONTRACT DATE: 1/22/2011

**CONTRACTOR'S APPLICATION FOR PAYMENT**

CHANGE ORDER SUMMARY DESCRIPTION	DATE	ADDITIONS	DELETIONS
Change Orders previously approved		\$0.00	\$0.00

Change Orders approved this month:

1. ORIGINAL CONTRACT SUM \$36,838,635.89
2. Net change by Change Orders \$0.00
3. CONTRACT SUM TO DATE (lines 1+2) \$36,838,635.89
4. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$36,838,635.89
5. RETAINAGE
  - a. 0.0% of Completed Work (Columns D+E on G703) \$0.00
  - b. 0.0% of Stored Material (Column F on G703) \$0.00

Total Retainage (lines 5a+5b or Total in Column J on G703) \$0.00
6. TOTAL EARNED LESS RETAINAGE (line 4 less line 5 Total) \$36,838,635.89
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6, prior Certificate) \$36,680,608.30
8. CURRENT PAYMENT DUE \$158,027.59
9. BALANCE TO FINISH PLUS RETAINAGE (line 3 less line 6) \$0.00

Total approved this month \$0.00

NET CHANGES by Change Orders \$0.00

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: RIVER CITY CONSTRUCTION LLC  
By: *[Signature]* Date: 10/31/2013

State of: ILLINOIS County of: WOODFORD

Subscribed & sworn to before me this 31st day of October, 2013



Notary Public: *[Signature]*  
MICHELE L. BEAL  
My commission expires: 3/19/2017

**ARCHITECT'S CERTIFICATE FOR PAYMENT**

In accordance with the Contract Documents, based on on-site observation and the data comprising the above 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: \$ \_\_\_\_\_

ARCHITECT: \_\_\_\_\_

By: \_\_\_\_\_ Date: \_\_\_\_\_

This certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein.

AIA document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing contractor's signed certificate is attached. Use column I on contracts where variable retainage for line items apply.

Application No.: 27  
Application Date: 10/31/2013  
Period From: 8/1/2013  
Period To: 10/31/2013  
Architect's Project No.:

A No.	B Description of Work	C		D Previous Application	E		F Stored Material	G Total Completed and Stored to Date (D+E+F)	H % (G/C)	I Balance to Finish (C-G)	J Retainage
		Scheduled Value			Work Completed This Application	Work In Place					
	<b>SITE PREPARATION</b>										
3.A	2.1 ABESTOS REMOVAL	\$710,560.00		\$710,560.00				\$710,560.00	100.00%	\$0.00	
3.B	2.2 DEMOLITION	\$447,431.00		\$447,431.00				\$447,431.00	100.00%	\$0.00	
3.C	31.1 EARTHWORK/EXCAVATION BLDG	\$545,044.00		\$545,044.00				\$545,044.00	100.00%	\$0.00	
3.D	31.2 EARTHWORK/EXCAVATION SITE	\$381,407.00		\$381,407.00				\$381,407.00	100.00%	\$0.00	
3.E	32.2 CONCRETE PAVING	\$480,259.34		\$480,259.34				\$480,259.34	100.00%	\$0.00	
3.F	32.3 CURBS & GUTTERS	\$101,904.00		\$101,904.00				\$101,904.00	100.00%	\$0.00	
3.G	32.3 SIDEWALKS	\$174,798.00		\$174,798.00				\$174,798.00	100.00%	\$0.00	
3.H	32.3 LANDSCAPING	\$202,800.00		\$202,800.00				\$202,800.00	100.00%	\$0.00	
3.I	33.1 SITE UTILITIES - WATER/SANITARY	\$227,875.00		\$227,875.00				\$227,875.00	100.00%	\$0.00	
3.J	33.2 SITE UTILITIES - STORM SEWER	\$275,682.00		\$275,682.00				\$275,682.00	100.00%	\$0.00	
3.K	GAS SERVICE										
	<b>NEW BUILDING</b>										
5.A	3.1 BUILDING CONCRETE	\$1,529,304.00		\$1,529,304.00				\$1,529,304.00	100.00%	\$0.00	
5.B	MASONRY	\$516,110.50		\$503,809.50	\$12,301.00			\$516,110.50	100.00%	\$0.00	
5.C	STEEL FABRICATION	\$1,878,777.00		\$1,878,777.00				\$1,878,777.00	100.00%	\$0.00	
5.D	STEEL ERECTION	\$1,572,896.00		\$1,572,896.00				\$1,572,896.00	100.00%	\$0.00	
5.E	GENERAL WORKS	\$4,166,804.85		\$4,160,675.85	\$6,129.00			\$4,166,804.85	100.00%	\$0.00	
5.F	ROOFING	\$1,688,650.00		\$1,688,650.00				\$1,688,650.00	100.00%	\$0.00	
5.G	APPLIED FIREPROOFING	\$371,132.00		\$371,132.00				\$371,132.00	100.00%	\$0.00	
5.H	GLAZING	\$87,575.00		\$87,575.00				\$87,575.00	100.00%	\$0.00	
5.J	DRYWALL/FRAMING/ACCOUSTIC S	\$3,835,134.00		\$3,828,841.00	\$6,293.00			\$3,835,134.00	100.00%	\$0.00	
5.J	FLOORING	\$1,318,255.00		\$1,318,255.00				\$1,318,255.00	100.00%	\$0.00	
5.K	PAINTING/WALL COVERING	\$476,445.00		\$476,445.00				\$476,445.00	100.00%	\$0.00	
	Running Totals:	\$20,988,843.69	\$20,964,120.69	\$20,964,120.69	\$24,723.00	\$0.00	\$20,988,843.69	\$20,988,843.69	100.00%	\$0.00	\$0.00

EXHIBIT H

AIA document G702, APPLICATION AND CERTIFICATE FOR PAYMENT, containing contractor's signed certificate is attached. Use column I on contracts where variable retainage for line items apply.

Application No.: 27  
Application Date: 10/31/2013  
Period From: 8/1/2013  
Period To: 10/31/2013  
Architect's Project No.:

A No.	B Description of Work	C Scheduled Value	D Application		E Work Completed		F Stored Material	G Total Completed and Stored to Date (D+E+F)	H % (G/C)	I Balance to Finish (C-G)	J Retainage
			Previous	This Application	Work In Place	This Application					
5.I	ELEVATORS	\$246,460.00	\$246,460.00					\$246,460.00	100.00%	\$0.00	
5.M	FIRE SUPPRESSION	\$394,234.00	\$390,935.00		\$3,299.00			\$394,234.00	100.00%	\$0.00	
5.N	PLUMBING	\$1,581,360.00	\$1,577,193.00		\$4,167.00			\$1,581,360.00	100.00%	\$0.00	
5.O	MECHANICAL/HVAC	\$4,329,495.00	\$4,325,110.87		\$4,384.13			\$4,329,495.00	100.00%	\$0.00	
5.P	ELECTRICAL/TECHNOLOGY	\$4,676,135.00	\$4,645,501.95		\$30,633.05			\$4,676,135.00	100.00%	\$0.00	
5.Q	MATERIALS TESTING	\$63,269.00	\$61,738.00		\$1,531.00			\$63,269.00	100.00%	\$0.00	
	<b>MOVABLE OR OTHER EQUIPMENT</b>										
10.A	6.1 LAUNDRY EQUIPMENT	\$77,131.00	\$77,131.00					\$77,131.00	100.00%	\$0.00	
10.C	11.1 FOOD SERVICE EQUIPMENT	\$391,015.00	\$391,015.00					\$391,015.00	100.00%	\$0.00	
10.G	OWNER FF&E	\$922,996.00	\$922,996.00					\$922,996.00	100.00%	\$0.00	
	<b>TOTAL GENERAL CONDITIONS</b>	\$1,679,421.46	\$1,677,638.46		\$1,783.00			\$1,679,421.46	100.00%	\$0.00	
	<b>TOTAL BONDS &amp; INSURANCE</b>	\$309,702.43	\$310,290.43		(\$588.00)			\$309,702.43	100.00%	\$0.00	
	<b>CONSTRUCTION MANAGER FEE</b>	\$1,178,573.31	\$1,174,917.73		\$3,655.58			\$1,178,573.31	100.00%	\$0.00	
	<b>Totals:</b>	\$36,838,635.89	\$36,765,048.13		\$73,587.76		\$0.00	\$36,838,635.89	100.00%	\$0.00	\$0.00

EXHIBIT IV

GENERAL CONTRACTOR'S SWORN STATEMENT

State of: ILLINOIS

Request #: 27

County of: WOODFORD

Date: 10/31/2013

The undersigned, being duly sworn, on oath deposes and says that (he/she) is the of RIVER CITY CONSTRUCTION LLC, the contractor employed by COUNTY OF PEORIA to furnish labor and materials for the BEL-WOOD NURSING HOMEwork on the buildings(s) (the Premises) located at 2223 W HEADING AVE PEORIA, IL 61604 and of which COUNTY OF PEORIA is owner; that the total amount of the contract is \$36,838,635.89, of which (he/she) has received payment of \$36,680,608.30 prior to this payment; that the persons, firms and corporations whose names have been set out on Schedule C-2 of this Sworn Statement are all of the persons, firms and corporations engaged by the undersigned to furnish services, equipment, labor and/or materials in the construction or repair of the improvements on the Premises; that the dollar amount set opposite each person, firm or corporation in this Sworn Statement is the exact and total amount due or to become due to each such person, firm or corporation on account of labor, services, equipment, and/or materials furnished with respect to said subcontractors of the undersigned or any of the persons, firms or corporations named in Schedule C-2 of this Sworn Statement, has been fully accepted by the owner and completed according to the plans and specifications.

The undersigned further states that all material (except as disclosed on said Schedule C-2) has been or will be furnished from his/her own stock and has been paid for in full; that there are no other contracts or subcontracts for said work outstanding, and that there is nothing due or to become due to any person for services, equipment, material, labor, or any other work done or to be done in connection with said work other than that stated on said Schedule C-2. There are no chattel mortgages, personal property leases, conditional sale contracts, or any other agreements given or are now outstanding as to any fixtures, equipment, appliances or materials placed upon or installed in or upon the aforementioned premises or improvements thereon. All waivers are true, correct, and genuine, and are delivered unconditionally. Furthermore, there is no claim, wither legal or equitable, to defeat the validity of said waivers.

Amount of Original Contract	\$36,838,635.89	Work Completed to Date	\$36,838,635.89
Extras to Contract	\$0.00	Less Retainage	\$0.00
Total Contract & Extras	\$36,838,635.89	Less Previous Payments	\$36,680,608.30
Credits to Contract	\$0.00	Less Amount of this Request	\$158,027.59
Total Adjusted Total Contract	\$36,838,635.89	Total Balance Due	\$0.00

Subscribed and sworn to before me this 31st day of October, 2013.

RIVER CITY CONSTRUCTION LLC

Notary Public:

*Michele L. Beal*  
MICHELE L. BEAL

*Louise Sears*  
Signed this 31st day of October, 2013.

My commission expires: 3/19/2017



**GENERAL CONTRACTOR'S SWORN STATEMENT**

SCHEDULE C-2

Request #: 27

Date: 10/31/2013

Name	Contract For	Amount of Contract	Total Retained Incl This App	Net Previously Paid	Net Amount of This Payment	Balance to Complete
RIVER CITY CONSTRUCTION LLC	GENERAL WORK	\$3,308,097.20		\$3,301,715.62	\$6,381.58	\$0.00
ASSOCIATED CONSTRUCTORS	PAINTING	\$476,445.00		\$476,445.00		\$0.00
COMMERCIAL MECHANICAL INC	HEATING VENTILATING & AIR CONDITIONING	\$4,329,495.00		\$4,285,110.87	\$44,384.13	\$0.00
HANLEY STEEL INC	STEEL PRECONSTRUCTION	\$1,878,777.00		\$1,878,777.00		\$0.00
HENRICKSEN & CO	OFFICE FURNISHING	\$922,996.00		\$922,996.00		\$0.00
HORAN CONSTRUCTION INC	GENERAL WORKS	\$4,166,804.85		\$4,139,519.03	\$27,285.82	\$0.00
IL FOREST PRODUCTS CO	LANDSCAPING	\$202,800.00		\$202,800.00		\$0.00
ILLINOIS CIVIL CONTR INC	SITE CONCRETE	\$377,586.00		\$377,586.00		\$0.00
IRON HUSTLER EXCAVATING	EARTHWORK/EXCAVATION	\$381,407.00		\$381,407.00		\$0.00
J.C. DILLON INC.	PLUMBING	\$1,581,360.00		\$1,577,193.00	\$4,167.00	\$0.00
J.J. BRAKER & SONS, INC.	MASONRY	\$516,110.50		\$503,809.50	\$12,301.00	\$0.00
JOE COLEMAN SALVAGE & DEM	DEMOLITION	\$447,431.00		\$447,431.00		\$0.00
KELLY GLASS INC	ALUMINUM FRAME & GLAZING	\$87,575.00		\$87,575.00		\$0.00
KONE INC*	ELEVATOR	\$246,460.00		\$246,460.00		\$0.00
N E FINCH	EARTHWORK-EXCAVATION	\$545,044.00		\$545,044.00		\$0.00
PEORIA METRO CONST INC	CONCRETE	\$1,529,304.00		\$1,529,304.00		\$0.00
PEORIA ROOFING	ROOFING	\$1,688,650.00		\$1,688,650.00		\$0.00
PROFESSIONAL CONTRACTING	SIDEWALK	\$174,798.00		\$174,798.00		\$0.00
RG CONSTRUCTION SERV INC	DRYWALL/FRAMING	\$3,835,134.00		\$3,828,841.00	\$6,293.00	\$0.00
RICHARDET FLOOR COVERING	FLOORCOVERING	\$1,318,255.00		\$1,318,255.00		\$0.00
SCHAEFER ELECTRIC INC	ELECTRICAL	\$4,676,135.00		\$4,622,218.94	\$53,916.06	\$0.00
SERVCO EQUIPMENT COMPANY	FOOD SERVICE	\$391,015.00		\$391,015.00		\$0.00
THE PIPCO COMPANIES LTD	FIRE PROTECTION	\$394,234.00		\$390,935.00	\$3,299.00	\$0.00
TOBIN BROTHERS	SITE UTILITIES	\$227,875.00		\$227,875.00		\$0.00
VALOR TECHNOLOGIES INC	ASBESTOS REMOVAL	\$710,560.00		\$710,560.00		\$0.00
WEAVER STEEL CONSTRUCTION	STRUCTURAL STEEL	\$1,572,896.00		\$1,572,896.00		\$0.00
WILKIN INSULATION CO	FIREPROOFING	\$371,132.00		\$371,132.00		\$0.00
WM AUPPERLE & SONS INC	ASPHALT PAVING	\$480,259.34		\$480,259.34		\$0.00
<b>Totals:</b>		<b>\$36,838,635.89</b>		<b>\$36,680,608.30</b>	<b>\$158,027.59</b>	<b>\$0.00</b>

EXHIBIT IV

**PARTIAL WAIVER OF LIEN**

STATE OF ILLINOIS  
COUNTY OF PEORIA

WHEREAS, THE UNDERSIGNED **RIVER CITY CONSTRUCTION, L.L.C.** HAS BEEN EMPLOYED BY THE **COUNTY OF PEORIA** TO FURNISH LABOR AND MATERIALS FOR THE PREMISES OWNED BY THE COUNTY OF PEORIA AND KNOWN AS **BEL-WOOD NURSING HOME**, IN THE CITY OF PEORIA, COUNTY OF PEORIA, STATE OF ILLINOIS.

NOW, THEREFORE, KNOW YE, THAT WE THE UNDERSIGNED, HAVE BEEN REQUESTED TO GIVE A PARTIAL WAIVER OF LIEN FOR AND IN CONSIDERATION OF THE SUM OF **\$158,027.59** DOLLARS, FOR PAYMENT OF THE FOLLOWING INVOICE NUMBERS:

**#27**

UPON RECEIPT WILL ACKNOWLEDGE AND WILL HEREBY WAIVE AND RELEASE TO THE EXTENT OF THE SAID AMOUNT ONLY AND ALL LIEN, OR CLAIM, OR RIGHT TO LIEN ON SAID ABOVE DESCRIBED BUILDING AND PREMISES UNDER THE STATUTES OF THE STATE OF ILLINOIS RELATING TO MECHANICS LIENS, ON ACCOUNT OF LABOR OR MATERIALS, OR BOTH, FURNISHED TO THE EXTENT OF THIS PAYMENT ONLY, FOR SAID BUILDING OR PREMISES.

GIVEN UNDER OUR HAND AND SEAL THIS 31<sup>st</sup> DAY OF OCTOBER, 2013.

SUBSCRIBED AND SWORN BEFORE ME  
THIS 31<sup>st</sup> DAY OF OCTOBER, 2013.

**RIVER CITY CONSTRUCTION, L.L.C.**  
LORRIE SIENS  
OFFICE MANAGER

NOTARY PUBLIC: Michele L. Beal  
MY COMMISSION EXPIRES 3/19/2017

Lorrie Siens

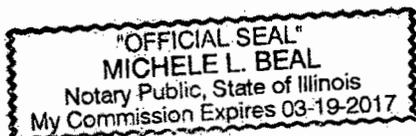


EXHIBIT IV

**Exhibit 5**

Submitted in fulfillment of d) 6: Baker Tilley Schedule of Project Costs and Sources of Funds

**BEL-WOOD NURSING HOME**

Peoria, Illinois

**SCHEDULE OF PROJECT COSTS AND SOURCES  
OF FUNDS – PERMIT #11-013**

Including Independent Auditors' Report

For the Project Period Ended July 31, 2013

# BEL-WOOD NURSING HOME

## TABLE OF CONTENTS For the Project Period Ended July 31, 2013

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Notes to Schedule	4

EXHIBIT V



Baker Tilly Vitchow Krause, LLP  
Ten Terrace Ct. PO Box 7398  
Madison, WI 53707-7398  
tel 608 249 6622  
fax 608 249 8532  
bakertilly.com

## INDEPENDENT AUDITORS' REPORT

To the County Board and State of Illinois' Health Facilities and Services Review Board  
Bel-wood Nursing Home  
Peoria, Illinois

### **Report on the Schedule of Project Costs and Sources of Funds Permit #11-013**

We have audited the Schedule of Project Costs and Sources of Funds Permit #11-013 ("Schedule") of Bel-wood Nursing Home, for the project period ended July 31, 2013, and the related notes to the Schedule, as listed in the table of contents.

#### ***Management's Responsibility for the Schedule***

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 includes 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.

#### ***Auditors' Responsibility***

Our responsibility is to express an opinion on this 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 from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the Schedule. The procedures selected depend on the auditors' 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 Bel-wood Nursing Home'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 Bel-wood Nursing Home'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.

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

To the County Board and State of Illinois' Health Facilities and Services Review Board  
Bel-wood Nursing Home

***Opinion***

In our opinion, the Schedule referred to above presents fairly, in all material respects, the project costs and sources of funds of the Bel-wood Nursing Home related to permit #11-013 as of July 31, 2013, and for the project period then ended in accordance with accounting principles generally accepted in the United States of America.

***Emphasis of a Matter***

The Schedule presents only the project costs and sources of funds related to Permit #11-013 of the Bel-Wood Nursing Home of Peoria County and do not purport to, and do not present fairly the financial position of the Nursing Home of Peoria County or Peoria County, as of July 31, 2013, and the changes in their financial position and, where applicable, their cash flows for the year then ended, in accordance with accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to this matter.

***Other Matter***

This report is intended solely for the information and use of the Peoria County Board, management of Peoria County, and the State of Illinois, and is not intended to be and should not be used by anyone other than these specified parties.

*Baker Tilly Virchow Krause, LLP*

Madison, Wisconsin  
August 29, 2013

**Peoria County, Illinois**  
**Bel-Wood Nursing Home**  
 Permit #11-013  
 Schedule of Project Costs and Sources of Funds  
 Through July 31, 2013

	Project Cost		
	Approved Permit Amount	Actual Funds Expended	Variance
<b>Use of Funds</b>			
Preplanning Costs	\$ 550,565	\$ 520,135	\$ 30,430
Site Survey and Soil Investigation	61,300	61,300	-
Site Preparation	3,624,916	3,876,353	(251,437)
Off Site Work	412,069	-	412,069
New Construction Contracts	30,915,683	31,354,593	(438,910)
Contingencies	3,091,568	-	3,091,568
Architectural / Engineering Fees	3,438,041	4,002,647	(564,606)
Consulting and Other Fees	1,527,843	1,587,148	(59,305)
Movable or Other Equipment (not in construction contracts)	1,476,988	1,921,926	(444,938)
Bond Issuance Expense (project related)	535,000	727,450	(192,450)
Total construction related	45,633,973	44,051,552	1,582,421
Net Interest Expense During Construction (project related)	3,460,000	2,995,778	464,222
Total finance related	3,460,000	2,995,778	464,222
<b>Total Uses of Funds</b>	<b>\$ 49,093,973</b>	<b>\$ 47,047,330</b>	<b>\$ 2,046,643</b>
<b>Source of Funds</b>			
Cash and Securities	\$ 5,450,000	\$ 4,397,143	\$ 1,052,857
Bond Issues (project related)	43,643,972	42,650,187	993,785
<b>Total Sources of Funds</b>	<b>\$ 49,093,972</b>	<b>\$ 47,047,330</b>	<b>\$ 2,046,642</b>

See accompanying notes to schedule.

**Peoria County, Illinois  
Bel-Wood Nursing Home**

Permit #11-013  
Notes to Schedule  
Through July 31, 2013

**Note 1 - Description of Project**

Peoria County was approved to discontinue operations of a 300 bed long term care facility located at 6701 West Plan Road, Peoria, Illinois and the establishment of a 214 bed long term care facility located at 2223 West Heading Avenue, West Peoria, Illinois. The operating entity licensee and the owner of the site is Peoria County, 324 Main Street, Peoria, Illinois. The project number is #11-013 and the permit was in the amount of \$49,093,972. The project

**Note 2 - Summary of Significant Accounting Policies**

Peoria County has implemented accounting principles generally accepted in the United States of America to the extent they apply in determining the scope of the activity of the Schedule of Project Costs and Sources of Funds of Permit #11-013 (schedule). The accompanying schedule does not indicate the full presentation of Bel-Wood Nursing Home or Peoria County.

**Exhibit 6**

Copy of license issued by the Illinois Department of Public Health



State of Illinois 2149077

Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

The person, firm or corporation whose name appears on this certificate has complied with the provisions of the Illinois Statutes and/or rules and regulations and is hereby authorized to engage in the activity as indicated below.

LA MAR HASBROUCK, MD, MPH  
DIRECTOR

Issued under the authority of  
The State of Illinois  
Department of Public Health

EXPIRATION DATE	CATEGORY	ID NUMBER
01/23/2014	BGBE	0052357
LONG TERM CARE LICENSE SKILLED 214		
PROBATIONARY 214 TOTAL BEDS		

BUSINESS ADDRESS

LICENSEE

PEORIA COUNTY BOARD

HEDDINGTON OAKS  
2223 WEST HEADING AVENUE  
PEORIA IL 61604

EFFECTIVE DATE: 09/26/13

The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •