



McAllister
Nursing & Rehabilitation

SENT VIA HAND DELIVERY

May 13, 2016

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

RECEIVED

MAY 16 2016

**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Re: Permit # 11-104 McAllister Nursing and
Rehab; Annual Progress Report

Dear Ms. Avery:

On April 17, 2012 the Illinois Health Facilities and Services Review Board granted a permit to McAllister Nursing and Rehab for the modernization of 111-Long Term Care need and the addition of 89-Long-Term Care beds for a total of 200-nursing care beds. On behalf of the Applicant, I am writing this letter to comply with section 1130.760 (Annual Progress Reports) of the 77 Illinois Administrative Code.

The project was Obligated and said documentation was provided in the 2013 annual progress report. Since the last progress report of May 2015, construction has been completed 100% and Matrix 4.0 was sent April, 2016 to public health and awaiting onsite visit for certificate of occupancy. *(Included)*

Appended herein (**EXHIBIT A**) is a project cost and sources of funds chart illustrating the approved line items and the corresponding expenditures that have been made per line item from last month.

The method and sources of funds have not changed as originally approved. Please note however, that with the slight increase in project cost (refer to the second permit alteration request submitted for this project), the additional expense was funded in cash. The anticipated date of occupancy is June 1, 2016. At that point the licensure process can commence and should allow final completion is scheduled for July 31, 2016 as stated in the permit letter.

Should you have any questions or concerns, please do not hesitate to contact me on behalf of the Applicant.

Eli Atkin

c: John P. Kniery



IDPH number L3488

Facility name and address McAllister Nursing Home & Rehab

18300 S. Lavergne, Country Club Hills, IL 60478

Project description New 4-story, 108 room, nursing and rehabilitation facility

Actual project cost		
Item	Actual	Adjusted actual
Site preparation costs	165,000.00	
Demolition costs	15,000.00	
Construction contracts (includes cost of materials)	20,252,419.00	
Changes orders	619,833.06	
Fixed capital equipment* - if the cost of the fixed capital equipment is 51 percent or more of the total project cost, provide an adjusted equipment cost of 20 percent.	1,091,000.00	1,091,000.00
Total	22,143,252.06	

*Fixed capital equipment is any equipment that is not movable from room to room and includes but is not limited to diagnostic equipment (MRI,scanners, X-ray equipment, etc). Equipment that is part of the building such as AHU, boilers, chillers, lights, fire alarm panels and all related components are to be included in the construction costs.

Fee

If the actual cost of the project as reported here exceeds the estimated cost reported at the time of the project submission, may result in a balance due of the plan review fee. You will be notified by letter after the certification packet review.

Important notice

The state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under Public Act 90-0327. Disclosure of this information is mandatory.

PROJECT COSTS AND SOURCES OF FUNDS

<u>USE OF FUNDS</u>	<u>APPROVED</u>	<u>EXPENDED</u>	<u>PERCENT</u>
Preplanning Costs	\$ 38,500	\$ 38,500	100.00%
Site Survey and Soil Investigation	\$ 13,200	\$ 13,200	100.00%
Site Preparation	\$ 165,000	\$ 165,000	100.00%
Off Site Work	\$ 35,000	\$ 35,000	100.00%
New Construction Contracts	\$ 20,868,326	\$ 20,872,252	100.02%
Modernization Contracts	\$ -	\$ -	0.00%
Contingencies	\$ 1,043,416	\$ 1,043,416	100.00%
Architectural/Engineering Fees	\$ 695,000	\$ 695,000	100.00%
Consulting and Other Fees	\$ 209,000	\$ 209,000	100.00%
Movable or Other Equipment (not in construction contracts)	\$ 1,091,000	\$ 1,091,000	100.00%
Bond Issuance Expense (project related)	\$ -	\$ -	0.00%
Net Interest Expense During Construction (project related)	\$ 705,000	\$ 705,000	100.00%
Fair Market Value of Leased Space or Equipment	\$ -	\$ -	0.00%
Other Costs To Be Capitalized	\$ 47,500	\$ 47,500	100.00%
Acquisition of Building or Other Property (excluding land)	\$ -	\$ -	0.00%
TOTAL USES OF FUNDS	\$24,910,942	\$24,914,868	100.02%
<u>SOURCE OF FUNDS</u>	<u>APPROVED</u>	<u>EXPENDED</u>	<u>PERCENT</u>
Cash and Securities	\$ 2,610,942	\$ 2,614,868	100.15%
Pledges			
Gifts and Bequests			
Bond Issues (project related)			
Mortgages	\$ 22,300,000	\$ 22,300,000	100.00%
Leases (fair market value)			
Governmental Appropriations			
Grants			
Other Funds and Sources			
TOTAL SOURCES OF FUNDS	\$ 24,910,942	\$ 24,914,868	100.02%