

# FOLEY & ASSOCIATES, INC.

Charles H. Foley, MHSA  
Health Care Consultant  
[cfoley@foleyandassociates.com](mailto:cfoley@foleyandassociates.com)

John P. Kniery  
Health Care Consultant  
[jkniery@foleyandassociates.com](mailto:jkniery@foleyandassociates.com)

**HAND DELIVERED**

**RECEIVED**

February 19, 2013

FEB 19 2013

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

HEALTH FACILITIES &  
SERVICES REVIEW BOARD

**Re:** Springfield Nursing & Rehabilitation Center  
a/k/a The Bridge Suites, Project No. **12-083**.

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.

b)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. 12-083 as well as the amount expended and the percent expended by line item.

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

Attached 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.

b)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  
February 19, 2013  
Page Two

- b)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.

- b)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 is shown as **EXHIBIT IV**.

- b)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.

This item is not germane as the project costs approved is less than three times the capital expenditure minimum.

This correspondence is meant to satisfy the requirement for completeness. 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: Christopher Lukaart, Esq.  
Edward Grogg  
Brian Levinson  
Alexis Kendrick

<b>USE OF FUNDS</b>	<b>Approved TOTAL</b>	<b>Total \$ Expended</b>	<b>% Expent of Approved</b>
Preplanning Costs	6,500	0	0.0%
Site Survey and Soil Investigation	10,000	11,450	114.5%
Site Preparation	41,650	41,650	100.0%
Off Site Work	97,095		0.0%
New Construction Contracts	10,400,000	8,798,294	84.6%
Modernization Contracts	0		
Contingencies	1,048,754	30,484	2.9%
Architectural/Engineering Fees	55,000	376,809	685.1%
Consulting and Other Fees	558,000	1,062,502	190.4%
Movable or Other Equipment (not in construction contracts)	501,053	1,093,037	218.1%
Bond Issuance Expense (project related)	0		
Net Interest Expense During Construction (project related)	770,000	427,789	55.6%
Fair Market Value of Leased Space or Equipment	0		
Other Costs To Be Capitalized	109,448	180,508	164.9%
Acquisition of Building or Other Property (excluding land)	0		
<b>TOTAL USES OF FUNDS</b>	13,597,500	12,022,523	88.4%
<b>SOURCE OF FUNDS</b>	<b>TOTAL</b>		
Cash and Securities	2,597,500	1,662,523	64.0%
Pledges	0		
Gifts and Bequests	0		
Bond Issues (project related)	0		
Mortgages	11,000,000	10,360,000	94.2%
Leases (fair market value)	0		
Governmental Appropriations	0		
Grants	0		
Other Funds and Sources	0		
<b>TOTAL SOURCES OF FUNDS</b>	13,597,500	12,022,523	88.4%

EXHIBIT I

OJCC LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois 62704

**HAND DELIVERED**

February 6, 2013

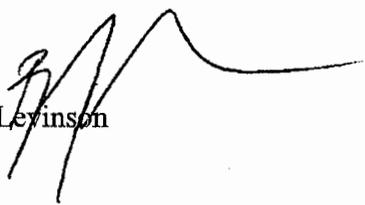
Dale Galassie, Chairman  
**Health Facilities and Services Review Board**  
**Illinois Department of Public Health**  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

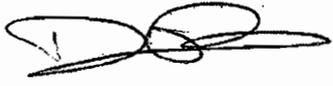
Re: HFSRB Project Number 12-083, Springfield  
Nursing and Rehabilitation Center – Project  
Completion

Dear Mr. Chairman:

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,

  
Brian Levinson

NOTARY 

DATE 2/6/13



EXHIBIT II

OJCC LLC  
3089 Old Jacksonville Rd.  
Springfield, Illinois 62704

HAND DELIVERED

February 6, 2013

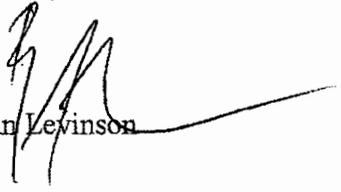
Dale Galassie, Chairman  
Health Facilities and Services Review Board  
Illinois Department of Public Health  
525 West Jefferson Street, Second Floor  
Springfield, Illinois 62761

Re: HFSRB Project Number 12-083, Springfield  
Nursing and Rehabilitation Center – Project  
Completion

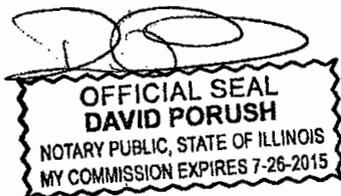
Dear Mr. Chairman:

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,

  
Brian Levinson

NOTARY



DATE

2/6/13

EXHIBIT III

TO OWNER: Mainstreet Properties Group, Inc.  
109 West Jackson Street  
Cicero, IN 46034

PROJECT: Springfield Short Stay Rehab Facility

DATE: 1/31/2013

FROM CONTRACTOR: Walsh Construction Company II  
929 W. Adams  
Chicago, IL 60607

VIA ARCHITECT: MSKTD & Associates

APPLICATION NO. Eleven (11)

PERIOD TO: 1/31/2013

JOB NO. 211156

CONTRACT FOR: General Construction

### 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.

ORIGINAL CONTRACT SUM \$ 8,622,656

1. Net change by Change Orders \$ 217,289

2. CONTRACT SUM TO DATE (Line 1 + 2) \$ 8,839,945

3. TOTAL COMPLETED & STORED TO DATE (Column G on G703) \$ 8,839,945

4. RETAINAGE:

a. 10 % of Completed Work \$ 0  
(Column D + E on G703)

b. % of Stored Material \$ 0  
(Column F on G703)

Total Retainage (Lines 5a + 5b or Total in Column I of G703) \$ 0

1. TOTAL EARNED LESS RETAINAGE \$ 8,839,945  
(Line 4 Less Line 5 Total)

2. LESS PREVIOUS CERTIFICATES FOR PAYMENT \$ 8,454,024

3. CURRENT PAYMENT DUE \$ 385,921

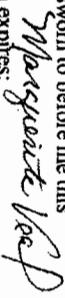
4. BALANCE TO FINISH, INCLUDING RETAINAGE \$ 0  
(Line 3 less Line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	209,775	0
Total approved this Month	13,075	0
<b>TOTALS</b>	<b>217,289</b>	<b>0</b>
NET CHANGES by Change Order	217,289	

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: \_\_\_\_\_

By:  Date: 1/31/2013

State of Illinois  
Subscribed and sworn to before me this  
Notary Public:   
My Commission expires: \_\_\_\_\_

County of Sangamon  
January 31, 2013 OFFICIAL SEAL  
MARGUERITE A VEAL  
NOTARY PUBLIC, STATE OF ILLINOIS  
MY COMMISSION EXPIRES 04/14/2014

### ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the 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 ..... \$ 385,921

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

OWNER: \_\_\_\_\_

By:  Date: Feb 18, 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.

EXHIBIT B

m	Contractor	Description	Original Contract Amount	Owner Approved C.O.'s	G.C. Approved C.O.'s	Adjusted Contract Amount	%	Total To Date		Previous Requests		Current Request		Balance To Complete		
								Gross Amount	Retained	Gross Amount	Retained	Previously Paid	Gross Amount		Retained	Net Amount
001	WCCI	Subcontractor														
000	Freytag Contracting, E. Main Street, Williamsville, IL 62893	TESTING ALLOWANCE SITE DEMOLITION	30,000	(4,923)	0	25,077	100%	25,077	0	25,077	21,454	3,623	0	3,623	0	
000	Van Hues Custom Concrete 3524 Pel Cemetery Road Springfield, IL 62707	CAST-IN-PLACE CONCRETE	40,000	0	0	40,000	100%	40,000	0	40,000	40,000	0	0	0	0	
000	English Brothers Masonry, 807 North Neil Street, Champaign, IL 61824	UNIT MASONRY	243,000	(8,600)	14,475	248,875	100%	248,875	0	248,875	248,800	2,075	0	2,075	0	
000	Seivaggio Steel 1119 West Dorian Avenue Springfield, IL 62702	METAL FABRICATIONS	292,500	11,229	5,476	309,205	100%	309,205	0	309,205	309,205	0	0	0	0	
053	Truss/Stair, Route 4 S, Virden, IL 62890	TRUSSESWALL PANELS (FURNISH ONLY)	23,435	0	6,665	30,100	100%	30,100	0	30,100	29,970	230	0	230	0	
054	Gilreather Therien 7 Cherokee Drive St. Peters, Mo 63373	ROUGH CARPENTRY (INSTALL TRUSSESWALL)	280,500	6,000	6,538	273,038	100%	273,038	0	273,038	273,038	0	0	0	0	
023	Precision Builders 9 W Harrison Street Sullivan, IL 61951	FINISH CARPENTRY	259,000	0	11,800	270,800	100%	270,800	0	270,800	270,800	0	0	0	0	
025	Redbud Ridge Custom Cabinets 4005 North Becker Drive Bartonville, IL 61607	MILLWORK	111,000	0	3,372	114,372	100%	114,372	0	114,372	112,152	2,220	0	2,220	0	
113	Top Quality Roofing 1293 State Highway 121 P.O. Box 193 Mt. Zion, IL 62559	ROOFING	305,000	3,500	33,268	341,768	100%	341,768	0	341,768	329,910	15,000	313,910	12,958	(15,000)	27,958
600	Residential Exteriors, Inc. 490 Wood Creek Drive Bolingbrook, Illinois 80440-4913	VINYL SIDING	179,000	0	3,835	182,835	100%	182,835	0	182,835	180,840	1,995	0	1,995	0	
500	Rainguard Seamless Gutters 4901 S. Becker Dr. Bartonville, IL 61607	RAIN GUTTERS	72,000	0	4,290	76,290	100%	76,290	0	76,290	76,290	0	76,290	0	0	
200	See Masonry	JOINT SEALANTS	26,075	0	0	26,075	100%	26,075	0	26,075	26,075	0	26,075	0	0	
113	S & S Builders Hardware 917 W. Pioneer Pkwy, Peoria, IL 61615	DOORS, FRAMES AND HARDWARE	198,000	(4,000)	2,955	194,955	100%	194,955	0	194,955	192,340	2,615	192,340	2,615	0	
060	WCC II	OWNER HARDWARE REVISIONS ALLOWANCE	10,000	(10,000)	0	0	0%	0	0	0	0	0	0	0	0	
113	Bacon and Buskirk (See Vinyl Windows)	ALUMINUM ENTRANCES	0	0	0	0	0%	0	0	0	0	0	0	0	0	
313	Bacon and Buskirk 801 S Neil Street Champaign, IL 61820	VINYL WINDOWS	80,000	0	0	80,000	100%	80,000	0	80,000	80,000	0	80,000	0	0	
600	MG Plus 2328 W. Water Jimmy Dr., Peoria, Illinois, 66469	GYP-SUM BOARD	525,000	119,120	5,780	649,880	100%	649,880	0	649,880	640,970	8,910	640,970	8,910	0	
000	Office Environments 202 May Street Emdur, Illinois 60126	FLOORING	344,000	17,103	15,197	376,300	100%	376,300	0	376,300	353,465	17,673	335,792	22,835	(17,673)	40,508
600	Redbud Ridge Custom Cabinets (See 0822025)	CORNER GUARDS	0	0	0	0	0%	0	0	0	0	0	0	0	0	
750	WCC II	FIREPLACE/WIRE MESH LOCKERS	8,177	0	5,012	11,189	100%	11,189	0	11,189	8,021	3,188	0	3,188	0	
800	Bath Accessories 1481 N. Laramie Street Chicago, Illinois 60610	TOILET, BATH AND LAUNDRY ACCESSORIES	21,262	0	6,032	27,294	100%	27,294	0	27,294	21,038	6,256	0	6,256	0	
850	(See 102800)	TOILET COMPARTMENTS	14,125	0	7,922	21,947	100%	21,947	0	21,947	21,775	172	0	172	0	
000	WCC II	SIGNAGE ALLOWANCE	2,427	0	0	2,427	100%	2,427	0	2,427	0	2,427	0	2,427	0	
			10,000	(137)	0	9,863	100%	9,863	0	9,863	9,863	0	9,863	0	0	



STATE OF: ILLINOIS

FINAL WAIVER OF LIEN

) SS

COUNTY OF: SANGAMON  
TO WHOM IT MAY CONCERN:

WHEREAS the undersigned has been employed by MS Springfield, LLC  
to furnish GENERAL CONSTRUCTION  
for the premises known as Springfield Short Stay Rehab Facility  
of which Mainstreet Properties Group, Inc. is the owner.

The undersigned for and in consideration of Three Hundred Eighty-Five Thousand Nine Hundred Twenty-One  
\$ 385,921.00 Dollars, and other good and valuable consideration, the receipt whereof is hereby 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, heretofore furnished or which may, be furnished at any time hereafter by the undersigned for the above-  
described premises.

my hand signed and seal  
this 31 day of JANUARY, 2013.

Signature and seal:

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.

STATE OF: ILLINOIS

CONTRACTOR'S AFFIDAVIT

) SS

COUNTY OF: SANGAMON  
TO WHOM IT MAY CONCERN:

THE undersigned, being duly sworn, deposes and says that he/she is  
PROJECT MANAGER of the WALSH CONSTRUCTION COMPANY II  
who is the contractor for the GENERAL CONSTRUCTION work on the  
building located at 3089 Old Jacksonville Road  
owned by Mainstreet Properties Group, Inc.

That the total amount of the contract including extras is \$ 8,839,945.00 on which he has received payment of  
\$ 8,454,024.00 prior to this payment. That all waivers are true, correct and genuine and delivered unconditionally and  
that there is no claim either legal or equitable to defeat the validity of said waivers. That the following are the names of all parties who have  
furnished material or labor or both for said work and all parties having contracts or sub contracts for specific portions of said work or for  
material entering into the construction thereof and the amount due or to become due to each, and that the items mentioned include all  
labor and material required to complete said work according to plans and specifications:

NAMES	WHAT FOR	CONTRACT PRICE	AMOUNT PAID	THIS PAYMENT	BALANCE DUE
					\$0.00
					\$0.00
					\$0.00
					\$0.00
					\$0.00
TOTALS:		\$ 8,839,945.00	\$ 8,454,024.00	\$ 385,921.00	\$0.00

That there are no other contracts for said work outstanding, and that there is nothing due or to become due to any person for material, labor or other work of any kind done or to be done upon or in connection with said work other than above stated.

Signed this 31 day of JANUARY, 2013.

Signature:

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

Signature:

