

Constantino, Mike

From: John Kniery [JKniery@foleyandassociates.com]
Sent: Thursday, February 28, 2013 11:05 AM
To: Constantino, Mike; Kendrick, Alexis
Cc: Abraham Gutnicki; Christopher J. Lukaart; Ed Grogg; blevinson@plthc.com; Susan Prizant
Subject: 12-083 Revised completion report
Attachments: SCFA13022810580.pdf

Mike and Alexis: In accordance with your request and in the time constraints to obtain licensure please find a revised G702 form with OJCC Realty, LLC and signatures. Your timely response as well as your consideration is greatly appreciated. Thank you.

John P. Kniery

Health Care Consultant
Foley & Associates, Inc.
1638 So. MacArthur Boulevard
Springfield, Illinois 62704
217.544.1551 - Office
217.544.3615 - Facsimile
foley@foleyandassociates.com

jkniery@foleyandassociates.com

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FOLEY & ASSOCIATES, INC.

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

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

HAND DELIVERED

REVISED February 28, 2013

February 19, 2013

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

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;

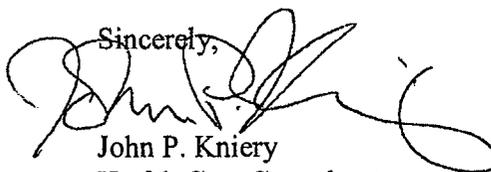
The final Contractor's Application for Payment form G702 (revised) is shown as **EXHIBIT IV**.

- 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

USE OF FUNDS	Approved TOTAL	Total \$ Expended	% Expent of Approved
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		
TOTAL USES OF FUNDS	13,597,500	12,022,523	88.4%
SOURCE OF FUNDS	TOTAL		
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		
TOTAL SOURCES OF FUNDS	13,597,500	12,022,523	88.4%

EXHIBIT I

OJCC LLC
3089 Old Jacksonville Rd.
Springfield, Illinois 62704

HAND DELIVERED

February 6, 2013

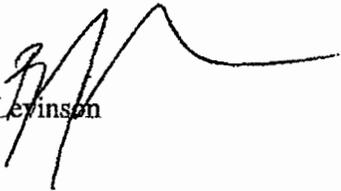
Dale Galassie, Chairman
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Second Floor
Springfield, Illinois 62761

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

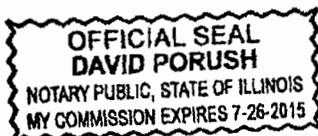


EXHIBIT II

OJCC LLC
3089 Old Jacksonville Rd.
Springfield, Illinois 62704

HAND DELIVERED

February 6, 2013

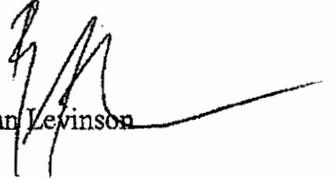
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Illinois Department of Public Health
525 West Jefferson Street, Second Floor
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Re: HFSRB Project Number 12-083, Springfield
Nursing and Rehabilitation Center – Project
Completion

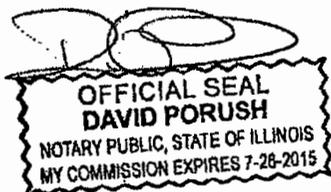
Dear Mr. Chairman:

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 Lewinson

NOTARY



DATE

2/6/13

EXHIBIT III

TO OWNER: M Street Properties Group, Inc. 01CC Realty, LLC
 7444 Long Ave. Skokie, IL 60077

PROJECT: Springfield Short Stay Rehab Facility

DATE: 1/31/2013

APPLICATION NO: Eileen (11)

PERIOD TO: 1/17/2013

JOB NO. 117289

FROM CONTRACTOR: W. J. ...

CONTRACT FOR ...

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment of ... in connection with the Contract.

- 1. ORIGINAL CONTRACT SUM
- 2. Net change by Change Orders
- 3. CONTRACT SUM TO DATE (Line 1 + 2)
- 4. TOTAL COMPLETED & STORED TO DATE (Column G on G703)
- 5. RETAINAGE:
 - a. 10 % of Completed Work
 - b. % of Shared Material

Total in Column I of G703

1. TOTAL EARNED LESS RETAINAGE (Line 4 - Line 5 Total)

2. LESS PAYMENTS OF CERTIFICATES FOR PAYMENT

3. BALANCE OF EARNED WORKING RETAINAGE (Line 5 less 1 + 2)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes ...	209,775	0
Total approved ...	13,075	0
TOTALS	217,289	0

NET CHANGES by Change Order ... 217,289

DOCUMENT 6702 - APPLICATION AND CERTIFICATE FOR PAYMENT - 1982 EDITION - AIA - 6482

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: [Signature]

DATE: 1/31/2013

PROJECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data furnished by the Contractor, the Architect certifies to the best of the Architect's knowledge, information and belief the Work has been completed, independent of the quantities of Work as in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: \$ 385,921

By: [Signature]

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.

THE AMERICAN INSTITUTE OF ARCHITECTS, 1735 NEW YORK AVE., N.W., WASHINGTON, DC 20006-5020

Item	Subcontractor	Description	Original Contract Amount	Owner Approved C.O.'s	G.C. Approved C.O.'s	Adjusted Contract Amount	%	Gross Amount	Net Amount	Gross Amount	Net Amount	Previously Paid	Gross Amount	Net Amount	Balance To
001	WCC II	TESTING ALLOWANCE	30,000	(4,023)	0	25,977	100%	25,977	25,977	21,454	21,454	21,454	3,523	3,523	0
000	Freling Contracting E. Main Street Wilburville, IL 62853	8507 SITE DEMOLITION	40,000	0	0	40,000	100%	40,000	40,000	40,000	40,000	40,000	0	0	0
000	Van Hues Custom Concrete Springfield, IL 62707	3524 CAST-IN-PLACE CONCRETE	243,000	(8,800)	14,475	248,675	100%	248,675	248,675	246,800	246,800	246,800	2,075	2,075	0
000	English Builders Masonry, 807 North Neil Street Champaign, IL 61824	UNIT MASONRY	292,800	11,229	5,478	309,205	100%	309,205	309,205	309,205	309,205	309,205	0	0	0
000	Savaggio Stone 1119 West Dorian Avenue Springfield, IL 62702	METAL FABRICATIONS	23,435	0	6,665	30,100	100%	30,100	30,100	29,870	29,870	29,870	230	230	0
053	Truss/Sister Route 4 S Virden, IL 62390	TRUSSES/WALL PANELS (FURNISH ONLY)	280,500	8,000	8,538	273,038	100%	273,038	273,038	273,038	273,038	273,038	0	0	0
054	Gibbner Thierfen 7 Chouteau Drive St. Pelem, Mo. 63373	ROUGH CARPENTRY (INSTALL TRUSSES/WALL)	259,000	0	11,800	270,800	100%	270,800	270,800	270,800	270,800	270,800	0	0	0
023	Procton Builders 8 W Hampton Street Sullivan, IL 61951	FINISH CARPENTRY	111,000	0	3,372	114,372	100%	114,372	114,372	112,182	112,182	112,152	2,220	2,220	0
025	Redbud Ridge Custom Cabinets 4005 North Becker Drive Bartonville, IL 61807	MILLWORK	306,000	3,500	33,268	341,768	100%	341,768	341,768	328,810	328,810	313,810	12,958	12,958	27,958
113	Top Quality Roofing P.O. Box 193 M.L. Zion, IL 62549	ROOFING	179,000	0	3,835	182,835	100%	182,835	182,835	180,840	180,840	180,840	1,995	1,995	0
600	Residential Exteriors, Inc. 480 Wood Creek Drive Bolingbrook, Illinois 60440-4913	VINYL SIDING	72,000	0	4,290	76,290	100%	76,290	76,290	76,290	76,290	76,290	0	0	0
500	Rainguard Seamless Gutters 4901 S. Becker Dr. Bartonville, IL 61807	RAIN GUTTERS	28,075	0	0	28,075	100%	28,075	28,075	28,075	28,075	28,075	0	0	0
200	See Masonry	JOINT SEALANTS	0	0	0	0	0%	0	0	0	0	0	0	0	0
113	S & S Builders Hardware 917 W. Pioneer Hwy, Peoria, IL 61615	DOORS, FRAMES AND HARDWARE	198,000	(4,000)	2,955	194,955	100%	194,955	194,955	192,340	192,340	192,340	2,615	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 Busick (See Vinyl Windows)	ALUMINUM ENTRANCES	0	0	0	0	0%	0	0	0	0	0	0	0	0
313	Bacon and Busick 801 S Neil Street Champaign, IL 61820	VINYL WINDOWS	60,000	0	0	60,000	100%	60,000	60,000	60,000	60,000	60,000	0	0	0
500	M3 Plus 2328 W. Weiler Zimny Dr., Peoria, Illinois. 60469	GYPSON BOARD	625,000	119,120	5,780	649,880	100%	649,880	649,880	640,970	640,970	640,970	8,910	8,910	0
000	Office Environments 202 May Street Embury, Illinois. 60126	FLOORING	344,000	17,103	15,197	376,300	100%	376,300	376,300	353,485	353,485	335,792	22,608	22,608	40,608
000	Wainsey Contracting P.O. Box 67 Godfrey, Illinois 62026	PAINTING	98,000	5,980	10,258	112,238	100%	112,238	112,238	99,800	99,800	94,610	12,438	12,438	17,428
600	Redbud Ridge Custom Cabinets (See 062025)	CORRIDOR HANDRAILS	0	0	0	0	0%	0	0	0	0	0	0	0	0
650	WCC II	CORNER GUARDS	6,177	0	5,012	11,189	100%	11,189	11,189	8,021	8,021	8,021	3,168	3,168	0
760	WCC II	FIREPLACE/WIRE MESH LOCKERS	21,282	0	8,082	27,294	100%	27,294	27,294	21,038	21,038	21,038	6,256	6,256	0
800	BathAccessories 1481 N. Larrabee Street Chicago, Illinois 60610	TOILET, BATH AND LAUNDRY ACCESSORIES	14,125	0	7,822	21,947	100%	21,947	21,947	21,775	21,775	21,775	172	172	0
830	(See 102800)	TOILET COMPARTMENTS	2,427	0	0	2,427	100%	2,427	2,427	0	0	0	2,427	2,427	0
000	WCC II	SIGNAGE ALLOWANCE	10,000	(137)	0	9,863	100%	9,863	9,863	9,863	9,863	9,863	0	0	0

CONTRACTOR	CONTRACT DESCRIPTION	AMOUNT	APPROVED	DATE	PERCENT	NET	GLASS	AMOUNT	PREVIOUSLY	AMOUNT	PERCENT
500 WCC1	FIRE EXTINGUISHERS AND CABINETS	1,200	0	1,200	100%	0	1,200	0	0	1,200	0
000	Automatic Fire Sprinklers 1809 Industrial Park Drive Normal, IL 61761	172,800	11,700	(475)	100%	0	183,825	0	188,285	11,225	(4,315)
000	GA Rich 204 S. Perry Street Dow Creek, IL 61733	898,000	64,771	(6,723)	100%	0	958,048	0	929,474	2,741	(23,833)
000	E.L. Pruitt Company P.O. Box 3308 Springfield, IL 62708	740,000	43,747	1,868	100%	0	785,815	0	770,827	(4,977)	(18,785)
000	Manfield Electric 4425 North Penns Rd. Springfield, IL 62705	840,000	104,353	5,237	100%	0	1,052,590	0	981,584	86,371	(24,655)
000	Freitag Contracting 8507 E. Main Street Williamsville, IL 62693	189,000	91,054	235,397	100%	0	515,491	0	343,343	172,108	0
000	Van Huss Custom Concrete 3524 Piet Carnellary Road Springfield, IL 62707	75,000	0	0	100%	0	75,000	0	75,000	0	0
000	Perry Broughton Trucking 1227 W. Eros Springfield, IL 62702	200,000	0	30,547	100%	0	230,547	0	217,087	18,480	0
100	(See Finish Carpentry)	0	0	0	0%	0	0	0	0	0	0
000	Twin Oaks Landscaping 987 Harvey Road Oswego, IL 60543	59,500	0	3,800	100%	0	60,300	0	56,500	3,800	0
000	WCC1	20,000	(20,000)	0	0%	0	0	0	0	0	0
000	Freitag Contracting E. Main Street Williamsville, IL 62693	120,000	0	0	100%	0	120,000	0	120,000	0	0
000	WCC1	0	38,908	38,908	100%	0	38,908	0	38,908	0	0
000	WCC1	0	0	0	0%	0	0	0	212,500	(212,500)	0
000	WCC1	0	(206,165)	0	100%	0	(206,165)	0	(206,165)	0	0
000	BUYOUT/C. CONTINGENCY	734,075	(459,181)	0	100%	0	274,898	0	0	274,898	(0)
001	WCC II	7,272,880	224,732	(4,868)	100%	0	7,492,748	0	7,139,503	243,012	(110,231)
010	WCC II	745,533	0	4,868	100%	0	750,399	0	745,433	4,968	0
020	WCC II	65,060	(65,060)	0	0%	0	0	0	0	0	0
030	WCC II	107,178	0	0	0%	0	107,178	0	107,178	0	0
030	WCC II	13,483	0	0	100%	0	13,483	0	13,483	0	0
035	WCC II	917,781	(14,277)	0	100%	0	903,504	0	882,508	20,996	0
100	WCC II	8,158,871	210,459	(4,868)	100%	0	8,404,127	0	8,022,038	382,089	(110,231)
	Fee	431,985	6,834	0	100%	0	438,819	0	431,985	6,833	0
	TOTAL	8,622,650	217,288	0	100%	0	8,839,945	0	8,454,024	385,921	(110,231)

SUMMARY
 Original Contract Amount 8,622,650
 Owner Approved Change Orders 217,288
 Agreed Contract Amount 8,839,945
 Complete To Date 8,539,845
 Retention 0
 Net Amount Earned 8,539,845
 Previous Payments 8,454,024
 Current Amount Due 385,921

The undersigned, John A. Grossman, being first duly sworn on oath says that he is a Project Manager of Walsh Construction Company II, Contractor for the General Construction of the project known as Springfield Short Stay Rehab Facility, located at 2005 Old Jacksonville Road, Springfield, Illinois. That, for the purpose of said contract, the following persons have been contracted with and have furnished, or are furnishing and preparing materials for, and have done or are doing labor on said improvement. That there is due and to become due them, respectively, the amounts set opposite their names for materials or labor as stated. That this statement is a full, true and complete statement of all such persons, the amounts paid and the amounts due or to become due to each, in full, and the amount requested in this application shall not exceed 5% of the net of work completed to date.

Subscribed and Sworn before me this _____ Day of _____, 2012
 John A. Grossman, Project Manager
 WALSH CONSTRUCTION COMPANY II
 Marguerite A. Veal
 Notary Public

OFFICIAL SEAL
 MARGUERITE A. VEAL
 NOTARY PUBLIC, STATE OF ILLINOIS
 MY COMMISSION EXPIRES 04/14/2014

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 _____ 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 _____

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: Marguerite Veal

