



HERITAGETM HEALTH

Therapy & Senior Care

HeritageOfCare.com/springfield

November 16, 2017

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**HEALTH FACILITIES &
SERVICES REVIEW BOARD**

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Rutledge Joint Ventures, d/b/a Heritage Health
Sangamon County, Illinois
Project No. 15-016

Dear Ms. Avery:

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 project 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. 15-016, as well as the amount expended and the percent expended by line item.

d)2) A certification that the final realized costs, as itemized, 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;

Attached, as **EXHIBIT II**, is a certified letter attesting that the final realized costs, as shown under Exhibit I, are the total costs required to complete the project and that there are not additional or associated costs or capital expenditures related to the project.

d)3) A 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 must be in the form of a notarized statement signed by an authorized representative of the permit holder;

Also provided in **EXHIBIT II** is an attestation that the Project is in compliance with all terms of the permit to date.

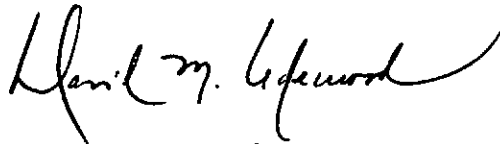
Ms. Courtney Avery
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Page Two

- d)4) The final Application and Certification for Payment for the construction contract, as per the American Institute of Architect form G702 or equivalent; and

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

This correspondence is meant to satisfy the requirement for completeness. Additionally, a copy of the facility's IDPH facility license is appended as EXHIBIT IV. 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,

A handwritten signature in black ink, appearing to read "David M. Underwood", with a stylized flourish at the end.

David M. Underwood
Manager & CFO
Rutledge Joint Ventures d/b/a Heritage Health

ENCLOSURES

**Heritage Health-Springfield
Project Costs and Sources of Funds**

EXHIBIT I

Use of Funds	Cost	Expended to Date	% Expended
Preplanning Costs	\$ -		
Site Survey and Soil Investigation	\$ -		
Site Preparation	\$ -		
Off Site Work	\$ -		
New Construction Contracts	\$ -		
Modernization Contracts	\$ 7,066,275.00	\$ 6,928,500.00	98.1%
Contingencies	\$ 246,188.00	\$ 190,294.00	77.3%
Architectural/Engineering Fees	\$ 255,000.00	\$ 275,554.00	108.1%
Consulting and Other Fees	\$ 15,000.00	\$ 11,180.00	74.5%
Movable or Other Equipment	\$ 1,140,000.00	\$ 1,273,876.00	111.7%
Bond Issuance Expense	\$ -		
Net Interest Expense During Construction	\$ 117,174.00	\$ 114,258.00	97.5%
Fair Market Value of Leased Space or Equipment	\$ -		
Other Costs to be Capitalized	\$ -		
Acquisition of Building or Other Property	\$ -		
Total Uses of Funds	\$ 8,839,637.00	\$ 8,793,662.00	99.5%
Source of Funds			
Cash and Securities	\$ 1,561,281.00	\$ 1,562,162.00	100.1%
Pledges	\$ -		
Gifts and Bequests	\$ -		
Bond Issues	\$ -		
Mortgages	\$ 6,378,356.00	\$ 6,331,500.00	99.3%
Leases	\$ -		
Governmental Appropriations	\$ -		
Grants	\$ -		
Other Funds and Sources	\$ 900,000.00	\$ 900,000.00	100.0%
Total Sources of Funds	\$ 8,839,637.00	\$ 8,793,662.00	99.5%

EXHIBIT 1A

Last Updated: 11/16/2017

**Heritage Health-Springfield
Renovations Infrastructure Project
Budget Analysis**

EXHIBIT 1A

Vendor		Cost	Notes
Direct Supply		\$ 1,060.59	Bench, Pillows
Direct Supply		\$ 280.50	Vases
Direct Supply		\$ 13,178.38	Flex Round Club Tables
		\$ 572,709.98	
INTERIOR SIGNAGE			
Direct Supply	Signage	\$ 20,574.36	Interior Signage
Direct Supply	Signage	\$ 1,174.06	Additional Interior Signage
		\$ 21,748.42	
PHYSICAL THERAPY			
Advanced Therapy Products	PT	\$ 14,730.00	Tran-Sit Driving/Transfer Simulator
Bank of America	PT	\$ 299.99	Wii from Amazon
Direct Supply	PT	\$ 5,831.33	TV & Stand, Oximeter, Mat Table
LifeTec	PT	\$ 24,993.90	Therapy Equipment
NuStep, Inc.	PT	\$ 7,859.31	Crosstrainer
		\$ 53,714.53	
NURSE CALL & PHONE SYSTEM			
Heart Technologies	Nurse Call	\$ 246,891.90	Nurse Call 1-4 Tax 5010.72
Heart Technologies	Nurse Call	\$ 40,127.05	Nurse Call Hospice
B&B Electric	Phones	\$ 60,925.00	Electrical
CDW	Phones	\$ 61,361.43	Phones, Licenses, Contracts
		\$ 409,305.38	
SOFT GOODS			
Direct Supply	Soft Goods	\$ 1,175.19	Shower Curtains, Cubicle Curtains
Direct Supply	Soft Goods	\$ 3,353.34	Soft Goods, Blinds
Direct Supply	Soft Goods	\$ 2,787.19	Soft Goods, Window Shades
Direct Supply	Soft Goods	\$ 604.03	Cubicle Curtain, Track
Direct Supply	Soft Goods	\$ 64,297.08	Phase 1 Soft Goods
Direct Supply	Soft Goods	\$ 933.34	Phase 1 Soft Goods
Direct Supply	Soft Goods	\$ 43,135.37	Soft Goods Phase 2
Direct Supply	Soft Goods	\$ 282.89	Track
		\$ 116,568.43	

Last Updated: 11/16/2017

**Heritage Health-Springfield
Renovations Infrastructure Project
Budget Analysis**

EXHIBIT IA

Vendor		Cost	Notes
AUDIO VISUAL			
Direct Supply	TVs	\$ 10,740.48	2nd Floor TVs
Bank of America	TVs	\$ 9,700.88	Best Buy: TVs and Wall Mounts
		\$ 20,441.36	
Dietary Equipment			
Dick Van Dyke Appliance World	Appliances	\$ 4,258.57	Appliances
Johnson	Dietary Eq.	\$ 21,599.20	Dietary Equipment
Johnson	Dietary Eq.	\$ 281.80	
		\$ 26,139.57	
Total FF&E		\$ 1,273,875.78	
Contingency			
Ace Sign Co.		\$ 4,356.60	Exterior Signage
Ace Sign Co.		\$ 150.00	Exterior Signage
B & B Electric	Contingency	\$ 1,468.00	Outlets for Breakroom Vending Machines
B & B Electric	Contingency	\$ 1,398.42	Misc. Electrical
B & B Electric	Contingency	\$ 434.45	Temp Kitchen Equipment Power
B & B Electric	Contingency	\$ 3,955.64	19 Receptacles
B & B Electric	Contingency	\$ 1,275.00	Electrical Conference Room
Bank of America (Big R)	Contingency	\$ 519.56	Exterior Benches
Buckley's Prairie Landscaping	Contingency	\$ 48,534.00	Landscaping
Direct Supply	Contingency	\$ 4,909.56	8 Wardrobes
Direct Supply	Contingency	\$ 1,586.79	
E.L. Pruitt	Contingency	\$ 36,394.00	Vacuum Pump
Heart Technologies	Contingency	\$ 1,349.75	Exit Door Device
Loomis Bros.	Contingency	\$ 8,877.13	Laundry Electrical Hookups
Loomis Bros.	Contingency	\$ 3,696.25	Clean Cycle Lint Filters
Menards	Contingency	\$ 1,419.30	Therapy Kitchen Cabinets, Counters, Flooring
Menards	Contingency	\$ 29.12	Therapy Kitchen Flooring
Menold Construction	Contingency	\$ 8,948.36	Mold Remediation
McKee Environmental	Contingency	\$ 675.00	PCM Clearance of Kitchen Containment
Negwer	Contingency	\$ 2,820.00	Doors
Negwer	Contingency	\$ 618.83	Studs, track - Conf. Room

Last Updated: 11/16/2017

**Heritage Health-Springfield
Renovations Infrastructure Project
Budget Analysis**

EXHIBIT IA

Vendor		Cost		Notes
Negwer	Contingency	\$	87.33	Studs, track - Conf. Room
O'Shea	Contingency	\$	9,779.00	Ceiling Repair - 3rd and 4th Floors
Otis	Contingency	\$	311.50	Install New Smokes per Inv#CT17428001
Ruyie Mechanical	Contingency	\$	463.45	Stainless Steel Pieces
Ruyie Mechanical	Contingency	\$	7,090.00	Split System - Laundry
Supplyworks	Contingency	\$	33,952.86	Floor Equipment
Tarvin's Culligan	Contingency	\$	4,709.00	Water Softener
Tru-Stripe, Inc.	Contingency	\$	85.00	Curb Striping
Worn Jerabek	Contingency	\$	400.00	Architectural Fees
		\$	190,293.90	
	Total Hard Costs	\$	8,392,669.75	
	Total Soft Costs	\$	286,734.50	
	Net Interest Expense			
Bank of Springfield		\$	114,258.00	Loan Interest
	GRAND TOTAL	\$	8,793,662.25	



HERITAGE[™]
HEALTH

Therapy & Senior Care

EXHIBIT II

HeritageOfCare.com/springfield

November 16, 2017

Ms. Courtney Avery
Administrator
Illinois Health Facilities and Services Review Board
525 West Jefferson Street, 2nd Floor
Springfield, IL 62761

Re: Certification of Final Costs and Compliance
Rutledge Joint Ventures, d/b/a Heritage Health
Sangamon County, Illinois
Project No. 15-016

Dear Ms. Avery:

I hereby certify, pursuant to 77 Ill. Admin. Code §1130.770, d)2), that the final costs are the total costs required to complete the construction of Rutledge Joint Ventures d/b/a Heritage Health (the "Project") and that there are no additional or associated costs or capital expenditures related to the Project.

Additionally, as an authorized representative, I hereby certify, pursuant to 77 Ill. Admin. Code §1130.770, d)3), that to the best of my knowledge the Project is in compliance with all terms of the permit to date, including project cost, square footage, services, etc.

Sincerely,

David M. Underwood
Manager & CFO
Rutledge Joint Ventures d/b/a Heritage Health

Notarization:

Subscribed and sworn to before me
this 20 day of November 2017

Signature of Notary

SEAL



Application and Certificate For Payment

Page 1

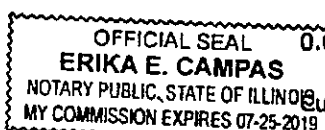
To Owner: Heritage Enterprises 115 W. Jefferson St., Suite 40 Bloomington, IL 61702		Project: Heritage Healthcare 900 N. Rutledge Mike Blake Springfield, IL 62702-3721	Application No: 26 Date: 08/01/2017
From (Contractor): O'Shea Builders 3401 Constitution Dr Springfield, IL 62711		Contractor Job Number: 4984 Via (Architect): Farnsworth Group	Period To: 08/31/17 Architect's Project No: Contract Date: 07/08/15
Phone: 217 522-2826		Contract For:	

Contractor's Application For Payment

Change Order Summary		Additions	Deductions
Change orders approved in previous months by owner		243,259.86	-83,996.00
	Number Date Approved		
Change orders approved this month	009 08/30/17		-5,486.79
	010 08/31/17	45,459.00	
Totals		45,459.00	-5,486.79
Net change by change orders		199,236.07	

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: Mike O'Brien
 By: [Signature] Date: 9/15/17
 State of: Illinois County of: Sangamon
 Subscribed and sworn to before me this 15 day of September 2017 (year). Notary public: Erika E. Campas
 My commission expires 7/25/2019



Original contract sum	6,729,264.00
Net change by change orders	199,236.07
Contract sum to date	6,928,500.07
Total completed and stored to date	6,928,500.07
Retainage	
0.0% of completed work	0.00
0.0% of stored material	0.00
Total retainage	0.00
Total earned less retainage	6,928,500.07
Less previous certificates of payment	6,194,736.96
Current sales tax	
0.000% of taxable amount	45,459.00
Current sales tax	0.00
Current payment due	733,763.11
Balance to finish, including retainage	0.00

Architect's Certificate for Payment

In accordance with the Contract Documents, based on on-site observations 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: \$ 733,763.11

Architect:

By: [Signature] Date: 11/16/17

This Certification 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 IV

State of Illinois

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.

NIRAV D. SHAH, M.D., J.D.
DIRECTOR

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

EXPIRATION DATE	LD. NUMBER
08/31/2018	0041699
LONG TERM CARE LICENSE CATEGORY BGBE SKILLED 178 UNRESTRICTED 178 TOTAL BEDS	

BUSINESS ADDRESS
LICENSEE

RUTLEDGE JOINT VENTURES L.L.C.

HERITAGE HEALTH-SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD IL 62702
EFFECTIVE DATE: 09/01/16

The face of this license has a colored background. Printed by Authority of the State of Illinois • 5/16

REGION 4

08/24/16

HERITAGE HEALTH-SPRINGFIELD
900 NORTH RUTLEDGE
SPRINGFIELD IL 62702