

Resthave Home

408 Maple Avenue
Morrison, Illinois 61270-2998

RECEIVED

JAN 26 2016

HEALTH FACILITIES &
SERVICES REVIEW BOARD

Phone: 815.772.4021
Fax: 815.772.4583

Tami Tegeler, Executive Director
Kristi Christiansen, Nursing Administrator

January 21, 2016

Dear HFSRB

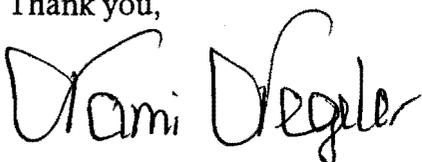
Enclosed please find our Notice of Project Completion and Final Realized Cost Report along with the information and certifications required by Section 1130.770 of the Illinois Administrative Code for our project, #12-022.

I want to apologize for any inconvenience to the Board and its staff that might have resulted from the miscommunication that led to our not submitting this notice timely. I had a wonderful discussion with Mr. Constantino in early August regarding the contents of our annual progress report and his guidance was incredibly helpful. In my notes, I specifically wrote that we should wait for a letter from the Board notifying us of the requirements for submitting our final realized cost report. We had received a letter the year before when our permit renewal was pending and that letter talked about "substantive changes" to the Board's rules. Therefore, we waited for the letter.

When the issue involving our annual progress report came up, we asked our attorneys to find out when the letter would be coming because we had been holding onto this information for some time just waiting for the letter from the Board. That is when we discovered the miscommunication and our attorneys told us to get it filed as soon as possible. I am truly hopeful this will not affect anything regarding our annual progress report nor will it create any further problems. Our CON consultant, Revere Healthcare, was not willing to assist us with these reports so we were left to figure it out on our own. We really did think we were doing everything right.

If you need any further information or have any further questions, please do not hesitate to contact me directly or to contact our attorneys, Mark J. Silberman or Neville Bilimoria, at Duane Morris LLP.

Thank you,



Tami Tegeler, Executive Director

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I, Tami Tegeler, hereby certify that the sources of financing and the final realized costs, as itemized in the original Certificate of Need application and as altered with approval of the Board, accurately reflect financing utilized and the total costs required to complete the project and that there were no additional or associated costs or capital expenditures related to the project. I further certify that the information presented related to the itemized project costs and source of funds is true and correct to the best of my personal knowledge and that I am authorized to present this certification to the Board on behalf of Resthave.

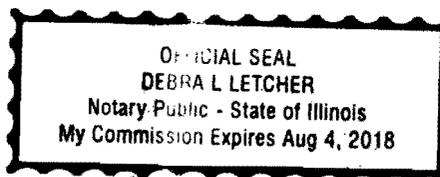
By: Tami Tegeler
Tami Tegeler

Its: Executive Director

Subscribed and Sworn to me this 21st day of January 2016.

Debra L Letcher
Notary Public

My commission expires: Aug 4, 2018



APPLICATION AND CERTIFICATE FOR PAYMENT

TO : Resthave Nursing & Retirement PROJECT: Resthave APPLICATION NO.: 21 Distribution to:
 408 Maple OWNER
 Morrison, IL 61270 CONSTRUCTION
 MANAGER
 FROM : Lamp Incorporated CERTIFYING AGENT: Gleason Architects ARCHITECT
 460 North Grove 769 Heartland Drive, Unit A CONTRACTOR
 Elgin, IL 60121-0865 PROJECT NOS.: 14645
 CONTRACT FOR: General Contract CONTRACT DATE:

CONTRACTOR'S APPLICATION FOR PAYMENT

1. ORIGINAL CONTRACT SUM \$ 7,351,108.00
 2. Net Change By Change Orders \$ 372,073.00
 3. CONTRACT SUM TO DATE(Line 1 & 2) \$ 7,723,181.00
 4. TOTAL COMPLETED & STORED TO DATE \$ 7,723,181.00
 5. RETAINAGE:
 Completed Work \$ 0.00
 Stored Material \$ 0.00
 Total Retainage \$ 0.00
 6. TOTAL EARNED LESS RETAINAGE \$ 7,723,181.00
 (Line 4 less Line 5 Total)
 7. LESS PREVIOUS CERTIFICATES FOR PAYMENT
 (Line 6 from prior Certificate) \$ 7,723,181.00
 8. CURRENT PAYMENT DUE \$ 0.00
 9. BALANCE TO FINISH, INCLUDING RETAINAGE
 (Line 3 less Line 6) \$ 0.00

The work covered by this payment Requisition has been completed according to the contract.

Firm: Lamp Incorporated
 Name: Josh Campanelli
 Signature: [Signature] Date: July 15, 2015

State of: ILLINOIS County of: Kane

Subscribed and sworn to before me this 15th day of July

Notary Public: [Signature]
 My Commission expires:



ARCHITECTS CERTIFICATION FOR PAYMENT

I certify that the work covered by this Application and Certification for Payment has been completed according to the contract to the best of the architect's knowledge, information and belief and that the amount certified is:

AMOUNT CERTIFIED \$ 0.00

Firm: Gleason Architects
 Name: Thad Gleason

Signature: [Signature] Date: July 15, 2015

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$ 372,073.00	\$ -
Total approved this Month	\$ -	\$ -
TOTALS		
NET CHANGE by Change Order	\$ 372,073.00	

Project Costs and Source of Funds through 8-19-15
 Project 12-022 Resthave Home of Morrison_revised CON
 Approved CON

Use of Funds	Clinical	Non-Clinical	Total	Clinical Costs to Date	Non-Clinical Costs to Date	Total to Date	Remaining Budget
Preplanning Costs	\$314,902	\$572,663	\$887,565	\$314,902	\$572,663	\$887,565	\$0
Construction Costs	\$2,615,032	\$4,755,545	\$7,370,577	\$2,793,421	\$4,557,687	\$7,351,108	\$19,469
Contingencies	\$132,009	\$240,064	\$372,073	\$132,009	\$240,064	\$372,073	\$0
A&E Fees	\$151,087	\$274,758	\$425,845	\$151,087	\$274,758	\$425,845	\$0
Consulting & Other	\$20,830	\$37,880	\$58,710	\$20,830	\$37,880	\$58,710	\$0
Moveable & Other E	\$67,058	\$121,947	\$189,005	\$67,058	\$120,494	\$187,552	\$1,453
Construction Interest	\$76,011	\$138,229	\$214,240	\$76,011	\$138,229	\$214,240	\$0
Other Costs to be Ca	\$98,663	\$179,423	\$278,086	\$98,663	\$179,423	\$278,086	\$0
Totals	\$3,475,592	\$6,320,509	\$9,796,101	\$3,653,981	\$6,121,198	\$9,775,179	\$20,922