



Tara Cope
Associate General Counsel
71 South Wacker Drive, Ste. 900
Chicago, IL 60606
P: 312.803.8555
F: 312.896.5869
tcope@viliving.com

August 28, 2014

HAND DELIVERED

Ms. Courtney Avery, Administrator
Health Facilities and Services Review Board
Illinois Department of Public Health
525 West Jefferson Street, Suite 200
Springfield, Illinois 62761

RECEIVED
AUG 29 2014
HEALTH FACILITIES &
SERVICES REVIEW BOARD

Re: Project Completion
Project Number: 12-070
Facility Name: Vi at The Glen
Applicant: CC-Lake, Inc.

Dear Ms. Avery:

Pursuant to 77 Ill. Adm. Code §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 1**, is the detailed itemization of the Project Costs and Sources of Funds showing the amount approved under Project No. 12-070 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;

As noted in the source of funds statement attached as **Exhibit 1**, this project was completely funded with cash on hand. No project costs have been or will be submitted for reimbursement under Titles XVIII and XIX. Therefore, this requirement is not germane to this project.

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;

As noted in the source of funds statement attached **Exhibit 1**, this project was completely funded with cash on hand. No project costs will be submitted for reimbursement under Title XVIII or XIX. Therefore, this requirement is not germane to this project.

- 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 of the permit holder; and

Exhibit 2 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;

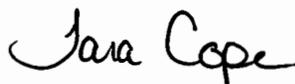
Exhibit 3 is the final application and certificate for payment form G702.

- 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.

The project cost for this project was less than three times the capital expenditure minimum in place at the time of permit approval. Therefore, this requirement is not germane to the project.

This correspondence is meant to satisfy the requirement for completeness. Additionally, a copy of the facility's IDPH facility license is appended as **Exhibit 4**. 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,



Tara A. Cope
Associate General Counsel

Encl.

cc: John Hoover, VP of Project Management, Vi
Todd Miller, Executive Director, Vi at The Glen
John Kniery, Health Care Consultant, Foley & Associates, Inc.

Project Costs and Sources of Funds

Complete the following table listing all costs associated with the project. When a project or any component of a project is to be accomplished by lease, donation, gift, or other means, the fair market or dollar value (refer to Part 1130.140) of the component must be included in the estimated project cost. If the project contains non-reviewable components that are not related to the provision of health care, complete the second column of the table below. Note, the use and sources of funds must equal.

Project Costs and Sources of Funds			
USE OF FUNDS	TOTAL	AMOUNT EXPENT	% OF TOTAL
Preplanning Costs	\$11,780	\$11,780	100
Site Survey and Soil Investigation	\$20,000	\$8,682	43
Site Preparation	\$140,000	\$140,000	100
Off Site Work	\$360,000	\$360,000	100
New Construction Contracts	\$2,820,944	\$2,820,944	100
Modernization Contracts	\$343,160	\$343,160	100
Contingencies	\$230,442	\$34,248	15
Architectural/Engineering Fees	\$330,599	\$290,528	88
Consulting and Other Fees	\$540,705	\$236,328	44
Movable or Other Equipment (not in construction contracts)	\$245,394	\$221,742	90
Bond Issuance Expense (project related)	\$0	\$0	
Net Interest Expense During Construction (project related)	\$0	\$0	
Fair Market Value of Leased Space or Equipment	\$0	\$0	
Other Costs To Be Capitalized	\$50,000	\$4,631	9
Acquisition of Building or Other Property (excluding land)	\$0	\$0	
TOTAL USES OF FUNDS	\$5,093,024	\$4,472,043	88
SOURCE OF FUNDS	TOTAL	AMOUNT EXPENT	% OF TOTAL
Cash and Securities	\$5,093,024	\$4,472,043	88
Pledges	\$0	\$0	
Gifts and Bequests	\$0	\$0	
Bond Issues (project related)	\$0	\$0	
Mortgages	\$0	\$0	
Leases (fair market value)	\$0	\$0	
Governmental Appropriations	\$0	\$0	
Grants	\$0	\$0	
Other Funds and Sources	\$0	\$0	
TOTAL SOURCES OF FUNDS	\$5,093,024	\$4,472,043	88



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525 West Jefferson Street, Suite 200
Springfield, Illinois 62761

Re: Project Completion
Project Number: 12-070
Facility Name: Vi at The Glen
Applicant: CC-Lake, Inc.

Dear Ms. Avery:

Pursuant to 77 Ill. Adm. Code §1130.770, Project Completion, please accept this correspondence as certification of compliance with all terms of the permit to date, including project cost, square footage, services, etc.

Sincerely,

A handwritten signature in black ink that reads "Tara Cope".

Tara A. Cope

State of Illinois

County of Cook.

Signed before me on August 28, 2014 by Tara Cope.

(seal)

A handwritten signature in black ink that reads "Felicia Bates".
signature of notary public



APPLICATION AND CERTIFICATE FOR PAYMENT

TO : Vi Living PROJECT : Vi at the Glen Care Center Addition APPLICATION NO.: 14
 PERIOD TO : MAY/31/2014
 FROM: Power Construction Company, LLC ARCHITECT : Solomon Cordwell Buenz & Associate PROJECT NO.: 52760
 CONTRACT DATE : APR/01/2013

CONTRACTOR'S APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.

CHANGE ORDER SUMMARY	Additions	Deductions
Change Order approved in previous months by Owner		
TOTAL	64,882	4,153
APPROVED THIS MONTH	0	69,720
Total Job To Date	64,882	73,873

1. ORIGINAL CONTRACT SUM\$ 3,513,947
2. NET CHANGE BY CHANGE ORDERS.....\$ -8,991
3. CONTRACT SUM TO DATE.....\$ 3,504,956
4. TOTAL COMPLETED & STORED TO DATE.....\$ 3,504,956
5. RETAINAGE.....\$ 0
6. TOTAL EARNED LESS RETAINAGE\$ 3,504,956
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT (line 6 from prior Certificate).....\$ 3,473,220
8. CURRENT PAYMENT DUE\$ 31,736
9. BALANCE TO FINISH, INCLUDING RETAINAGE..\$ 0

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.

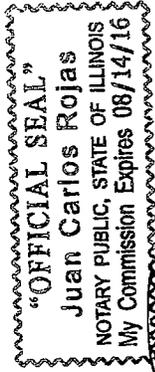
Contractor : POWER CONSTRUCTION COMPANY, LLC
 By : Juan Carlos Rojas Date : MAY/21/2014

State of : Illinois County of: Cook

Subscribed and sworn to before me

This 21st day of May, 2014

Notary Public



Juan Carlos Rojas

ARCHITECT'S CERTIFICATE FOR PAYMENT

AMOUNT CERTIFIED\$ 31,736

ARCHITECT :

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 Work is in accordance with the Contract Documents, and the Contractor is entitled to the payment of the AMOUNT CERTIFIED.

By : Juan Carlos Rojas Date : 5/23/14

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.



State of Illinois 2183932
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.

LA MAR HASERDICK, MD, MPH
DIRECTOR

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

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/03/2014	868E	0045161
LONG TERM CARE LICENSE SKILLED 047		
UNRESTRICTED 047 TOTAL BEDS		

BUSINESS ADDRESS
 LICENSEE

CC-LAKE, INC.

VI AT THE GLEN
 2401 INDISS LANE
 GLENVIEW

IL 60026

EFFECTIVE DATE: 08/07/14
 The face of this license has a colored background. Printed by Authority of the State of Illinois • 4/97 •

← DISPLAY THIS PART IN A
 CONSPICUOUS PLACE

REMOVE THIS CARD TO CARRY AS AN
 IDENTIFICATION →

State of Illinois 2183932
Department of Public Health

LICENSE, PERMIT, CERTIFICATION, REGISTRATION

EXPIRATION DATE	CATEGORY	I.D. NUMBER
10/03/2014	868E	0045161
LONG TERM CARE LICENSE SKILLED 047		
UNRESTRICTED 047 TOTAL BEDS		

UNRESTRICTED 047 TOTAL BEDS

REGION 3

03/07/14

VI AT THE GLEN
 2401 INDISS LANE
 GLENVIEW

IL 60026

FEE RECEIPT NO.