

		FOR BHF USE					

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2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE AND FAMILY SERVICES
FINANCIAL AND STATISTICAL REPORT (COST REPORT)
FOR LONG-TERM CARE FACILITIES
(FISCAL YEAR 2011)

IMPORTANT NOTICE
THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH License ID Number: 0045815 Facility Name: BM of Chicago Ridge, LLC d/b/a Chicago Ridge Nursing & Rehab Center Address: 10602 Southwest Highway Chicago Ridge 60415 Number City Zip Code County: Cook Telephone Number: (773) 252-3208 Fax # (773) 252-3688 HFS ID Number: Date of Initial License for Current Owners: 11/01/2001 Type of Ownership: VOLUNTARY,NON-PROFIT Charitable Corp. Trust IRS Exemption Code X PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X Limited Liability Co. Trust Other GOVERNMENTAL State County Other In the event there are further questions about this report, please contact: Name: Sanford B. Alper Telephone Number: (847) 580-4100 Email Address:	II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/2011 to 12/31/2011 and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge. Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment. Officer or Administrator of Provider
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Facility Name & ID Number BM of Chicago Ridge, LLC d/b/a Chicago Ridge Nursing & Rehab Center # 0045815 Report Period Beginning: 01/01/2011 Ending: 12/31/2011

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days, (must agree with license). Date of change in licensed beds

231

1	2	3	4	
Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	231	Skilled (SNF)	231	84,315
2		Skilled Pediatric (SNF/PED)		
3		Intermediate (ICF)		
4		Intermediate/DD		
5		Sheltered Care (SC)		
6		ICF/DD 16 or Less		
7	231	TOTALS	231	84,315

B. Census-For the entire report period.

1	2	3	4	5	
Level of Care	Patient Days by Level of Care and Primary Source of Payment				
	Medicaid Recipient	Private Pay	Other	Total	
8	SNF	70,202	2,446	5,960	78,608
9	SNF/PED				
10	ICF				
11	ICF/DD				
12	SC				
13	DD 16 OR LESS				
14	TOTALS	70,202	2,446	5,960	78,608</

STATE OF ILLINOIS																					
Facility Name & ID Number		BM of Chicago Ridge, LLC d/b/a Chicago Ridge # 0045815				Report Period Beginning:		01/01/2011		Ending: 12/31/2011											
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V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)																					
	Operating Expenses	Costs Per General Ledger				Reclass-ification	Reclassified Total	Adjust-ments	Adjusted Total	FOR BHF USE ONLY											
		Salary/Wage	Supplies	Other	Total					9	10										
	A. General Services	1	2	3	4	5	6	7	8												
1	Dietary	313,440	29,831	10,891	354,162		354,162	25,000	379,162		1										
2	Food Purchase		341,461		341,461		341,461	(1,457)	340,004		2										
3	Housekeeping	261,331	21,516		282,847		282,847		282,847		3										

Report Period Beginning:

Ending:

ID#0045815

01/01/2011

12/31/2011

NON-ALLOWABLE EXPENSES			Sch. V Line	
		Amount	Reference	
1	Marketing Costs from Management Company	\$ (786)	20	1
2				2
3				3
4				4
5				5
6				6
7				7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
3				

