

FOR BHF USE							

LL2

Supportive Living Facility

2010

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2010)

IMPORTANT NOTICE

THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY PURPOSE AS OUTLINED IN SECTION 146.265 OF THE 89 IL ADMIN CODE. DISCLOSURE OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE ANY INFORMATION ON OR BEFORE THE DUE DATE WILL RESULT IN CESSATION OF PROGRAM PAYMENTS.

I. Facility ID Number: 1000008

Facility Name: Brookstone Estates of Fairfield

Address: 315 North Market Fairfield 62837

Number City Zip Code

County: Wayne

Telephone Number: (618) 842-5875 Fax # (618) 842-5870

Federal Employer ID Number:

Date Current Owners were Certified: 9/1/2009

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☒	Limited Liability Co.		
		☐	Trust		
		☐	Other		

In the event there are further questions about this report, please contact:

Name: Steve Pavlue Telephone Number: (828) 261-7337

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 1/1/10 to 12/31/10 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	(Signed)		(Date)
	(Type or Print Name)	Steve Pavlue, CPA	
Paid Preparer	(Title)	EVP, Chief Accounting Officer	
	(Signed)		(Date)
	(Print Name and Title)		
	(Firm Name & Address)		
	(Telephone)	()	Fax # ()

MAIL TO: BUREAU OF HEALTH FINANCE
IL DEPT OF HEALTHCARE AND FAMILY SERVICES
201 S. Grand Avenue East
Springfield, IL 62763-0001 Phone # (217) 782-1630

Facility Name Brookstone Estates of Fairfield

Report Period Beginning: 1/1/10 Ending: 12/31/10

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units

/

/

1	2	3	4		
Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period		
1	46	Single Unit Apartment	46	16,790	1
2		Double Unit Apartment			2
3		Other		486	3
4	46	TOTALS	46	17,276	4

B. Census-For the entire report period.

1	2	3	4	5		
Type of Unit	Resident Days by Unit and Primary Source of Payment					
	Medicaid Recipient	Private Pay	Other	Total		
5	Single Unit	5,996	10,117		16,113	5
6	Double Unit					6
7	Other					7
8	TOTALS	5,996	10,117		16,113	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)

93.27%

D. Indicate the number of paid bed-hold days the SLF had during this year

134

Also, indicate the number of unpaid bed-hold days the SLF had during this year.

(Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES

NO

X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES

NO

X

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL

X

MODIFIED CASH*

CASH*

I. Is your fiscal year identical to your tax year?

X

YES

NO

Tax Year:

Fiscal Year:

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding?

NO

If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank outstanding?

NO

If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding?

NO

If yes, did the facility make all of the required payments of interest and principle?

If no, explain.

HFS 3745C (N-4-05)

IL478-2471

Facility Name: Brookstone Estates of Fairfield

Report Period Beginning:

1/1/10

Ending:

12/31/10

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services					5	6	
1	Dietary and Food Purchase	65,303	80,793		146,096		146,096	1
2	Housekeeping, Laundry and Maintenance	3,618	6,338	12,811	22,767		22,767	2
3	Heat and Other Utilities			64,131	64,131	(4,287)	59,845	3
4	Other (specify): Waste Removal			2,875	2,875		2,875	4
5	TOTAL General Services	68,921	87,131	79,817	235,869	(4,287)	231,583	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	146,276	557		146,833		146,833	6
7	Activities and Social Services		1,204		1,204		1,204	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	146,276	1,761		148,037		148,037	9
	C. General Administration							
10	Administrative and Clerical	56,789	7,187	19,373	83,349		83,349	10
11	Marketing Materials, Promotions and Advertising			10,121	10,121		10,121	11
12	Employee Benefits and Payroll Taxes			85,681	85,681		85,681	12
13	Insurance-Property, Liability and Malpractice			11,376	11,376		11,376	13
14	Other (specify): PY Adj, Internet, Interest Income			(10,668)	(10,668)		(10,668)	14
15	TOTAL General Administration	56,789	7,187	115,883	179,859		179,859	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	271,986	96,079	195,700	563,765	(4,287)	559,479	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			4,324	4,324		4,324	17
18	Interest			2,977	2,977		2,977	18
19	Real Estate Taxes			76,292	76,292		76,292	19
20	Rent -- Facility and Grounds			647,522	647,522		647,522	20
21	Rent -- Equipment			574	574		574	21
22	Other (specify): Mgmt Fee, Income Tax, Tax Penalty			132,514	132,514	(60,093)	72,421	22
23	TOTAL Ownership			864,203	864,203	(60,093)	804,110	23
24	GRAND TOTAL (Sum of lines 16 and 23)	271,986	96,079	1,059,903	1,427,968	(64,380)	1,363,589	24

Facility Name: Brookstone Estates of Fairfield

Report Period Beginning 1/1/10 Ending: 12/31/10

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants			4
5	Social Service Workers	7.5	9.14	5
6	Head Cook			6
7	Cook Helpers/Assistants	3.3	9.46	7
8	Dishwashers			8
9	Maintenance Workers	0.0	10.00	9
10	Housekeepers			10
11	Laundry			11
12	Managers	1.0	12.98	12
13	Other Administrative			13
14	Clerical	1.0	11.59	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	12.8	\$	17

VII. RELATED ORGANIZATIONS

A. Enter below the names of all related organizations. Attach an additional schedule if necessary.

RELATED SLF's & HEALTH CARE BUSINESSES

Name	1	City	2

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES ☐ NO ☒
Name of related entity: _____ If yes, what is the value of those services? \$ _____
(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES ☐ NO ☒
If so, please attach a separate schedule detailing the nature of those services, their costs as they appear on your books and the underlying cost to the related party (i.e., not including markup).

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

	NAME and FUNCTION	Ownership Interest	Average Hours Per Work Week Devoted to this Business	Amount of Compensation for this Reporting Period	
1				\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	Good Neighbor Care LLC (JAN - JUL)	\$	39,842	1
2	Meridian Senior Living (AUG - DEC)		32,579	2
Total		\$	72,421	3

Facility Name: Brookstone Estates of Fairfield

Report Period Beginning:

1/1/10

Ending:

12/31/10

VIII. OWNERSHIP COSTS

A. Purchase price of land Year land was acquired

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar. *Total units on this schedule must agree with page 2.

	1 Units*	FOR BHF USE ONLY	2 Year Acquired	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
6	Improvement Type										6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$	\$		\$	\$	\$	17

C. Equipment Depreciation -- Including Transportation.

	Type	1 Cost	2 Current Book Depreciation	3 Straight Line Depreciation	4 Adjustments	5 Life in Years	6 Accumulated Depreciation	
18	Movable Equipment	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1 Description and Year Acquired	2 Cost	3 Current Book Depreciation	4 Accumulated Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Midwest Care Holdco TRS, LLC

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4? ☒ YES ☐ NO

		1	2	3	4	5	6	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental?
☐ YES ☒ NO

9. Rental amount for movable equipment \$

10. If the facility rents any vehicles which are used for care-related purposes, please attach a schedule detailing the model year and make, the rental expense for this period and the use of the vehicle.

X. INTEREST EXPENSE

1		2		3	4	6		7	8	9		
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense		
		YES	NO			Original	Balance					
	A. Directly Facility Related											
	Long-Term											
1					/ /	\$			/ /		\$	1
2					/ /				/ /			2
3					/ /				/ /			3
	Working Capital											
4					/ /				/ /			4
5					/ /				/ /			5
6					/ /				/ /			6
7	TOTAL Facility Related						\$				\$	7
	B. Non-Facility Related											
8					/ /				/ /			8
9					/ /				/ /			9
10	TOTALS (lines 7, 8 and 9)						\$				\$	10

* If there is an option to buy the building, please provide complete details on an attached schedule.
** If there is any overlap in ownership between the facility and the lender, this must be indicated in column 2.

Facility Name: Brookstone Estates of Fairfield

Report Period Beginning: 1/1/10

Ending:

12/31/10

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 6,515	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	228,593		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	6,568		6
7	Other Prepaid Expenses	20,034		7
8	Accounts Receivable (owners or related parties)	11,688		8
9	Other(specify): Lease Overpayment	900		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 274,297	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	34,053		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 34,053	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 308,350	\$	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	23,902		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	31,468		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Property Taxes Payable	76,309		35
36	Accrued Expenses	4,929		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 136,608	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 136,608	\$	45
46	TOTAL EQUITY	\$ 171,742	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 308,350	\$	47

*(See instructions.)

Facility Name: Brookstone Estates of Fairfield

Report Period Beginning: 1/1/10

Ending: 12/31/10

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 1,334,214	1
2	Discounts and Allowances	(6,326)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 1,327,888	3
	B. Other Operating Revenue		
4	Special Services (Move-in Fees)	1,500	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 1,500	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	Food Stamp Revenue	29,239	15
16	Miscellaneous	1,356	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 30,595	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 1,359,983	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	231,583	19
20	Health Care/ Personal Care	148,037	20
21	General Administration	179,859	21
	B. Capital Expense		
22	Ownership	804,110	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 1,363,589	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (3,606)	29
	Income Taxes		
30		\$ 60,093	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (63,699)	31

000	106	Utilities - garl	2,875.36	4 Other
000	106	Utilities - inte	897.39	
000	106	Interest Incor	-38.37	
000	106	Other Income	-11526.64	
			10,667.62-	14 Other
000	106	Management	72,421.27	
000	106	Income Tax I	58,053.81	
000	106	Tax Penalties	2,039.27	
			132,514.35	22 Other (specify):
000	106	Income Tax I	58,053.81-	
000	106	Tax Penalties	2,039.27-	
			60,093.08-	22-5 Adjust out Income Tax & Penalty