

		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: 1000065

Facility Name: Plum Creek SLF

Address: 2801 West Algonquin Road Rolling Meadows 60008

Number City Zip Code

County: Cook

Telephone Number: (847) 670-8080 Fax # (847) 368-1330

Federal Employer ID Number

Date Current Owners were Certified: 10/23/06

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: Reuel Crook / Sue McTague Telephone Number: (847) 670-8080

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)	3/31/2011
	(Type or Print Name)	Reuel Crook
	(Title)	Financial Director - Management Company
Paid Preparer	(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 Plum Creek SLF

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

III. STATISTICAL DATA

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

Date of change in certified unit / /

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	77	Single Unit Apartment	77	28,105	1
2	25	Double Unit Apartment	25	9,125	2
3		Other		3,285	3
4	102	TOTALS	102	40,515	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	23,482	3,485		26,967	5
6	Double Unit	7,275			7,275	6
7	Other	987			987	7
8	TOTALS	31,744	3,485	0	35,229	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.95%

D. Indicate the number of paid bed-hold days the SLF had during this year: 588 Also, indicate the number of unpaid bed-hold days the SLF had during this year: N/A (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investment not directly related to SLF services?
YES ☐ NO ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES ☐ NO ☒

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

H. ACCOUNTING BASIS
ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO
Tax Year: 12/31/10 Fiscal Year: 12/31/10
* All facilities other than governmental must report on the accrual basis

J. Does the facility have any Illinois Housing Development Authority Loan 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: Plum Creek SLF

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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	232,958	248,794		481,752		481,752	1
2	Housekeeping, Laundry and Maintenance	81,300	14,275	93,558	189,133	(12,773)	176,360	2
3	Heat and Other Utilities			89,530	89,530		89,530	3
4	Other (specify):				0		0	4
5	TOTAL General Services	314,258	263,069	183,088	760,415	(12,773)	747,642	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	413,600	9,408		423,008		423,008	6
7	Activities and Social Services	41,247	21,440		62,687	(7,209)	55,478	7
8	Other (specify):				0		0	8
9	TOTAL Health Care and Programs	454,847	30,848	0	485,695	(7,209)	478,486	9
	C. General Administration							
10	Administrative and Clerical	197,347	84,372		281,719		281,719	10
11	Marketing Materials, Promotions and Advertising	55,551		14,963	70,514		70,514	11
12	Employee Benefits and Payroll Taxes	128,432	3,963	52,980	185,375		185,375	12
13	Insurance-Property, Liability and Malpractice			80,742	80,742		80,742	13
14	Other (specify): Professional & Mngmnt Fees			276,905	276,905		276,905	14
15	TOTAL General Administration	381,330	88,335	425,590	895,255	0	895,255	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,150,435	382,252	608,678	2,141,365	(19,982)	2,121,383	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			560,013	560,013		560,013	17
18	Interest			743,842	743,842		743,842	18
19	Real Estate Taxes			72,000	72,000		72,000	19
20	Rent -- Facility and Grounds				0		0	20
21	Rent -- Equipment			27,940	27,940		27,940	21
22	Other (specify): Amtz of Prepaid Closing Costs			27,185	27,185		27,185	22
23	TOTAL Ownership	0	0	1,430,980	1,430,980	0	1,430,980	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,150,435	382,252	2,039,658	3,572,345	(19,982)	3,552,363	24

Facility Name: Plum Creek SLF

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	2	\$ 24.63	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	15	10.65	3
4	Activity Director & Assistants	1	19.23	4
5	Social Service Workers			5
6	Head Cook	1	21.63	6
7	Cook Helpers/Assistants	13	9.09	7
8	Dishwashers			8
9	Maintenance Workers	1	10.00	9
10	Housekeepers	3	8.27	10
11	Laundry			11
12	Managers	3	31.67	12
13	Other Administrative			13
14	Clerical	5	9.25	14
15	Marketing	1	26.44	15
16	Other			16
17	Total (lines 1 thru 16)	45	\$ 12.68	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
N/A			

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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$ 0	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	Providence Management	\$ 33,334	1
2	Royal Care Management	175,000	2
Total		\$ 208,334	3

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 1? YES ☐ NO ☒
Name of related entity N/A 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 in your books and the underlying cost to the related party (i.e., not including markup)

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	102		2006	2006	\$ 12,602,734	\$ 454,821	40	\$ 315,068	\$ (139,753)	\$ 1,913,846	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Building Improvemen		2007		10,518	211	40		(211)		6
7	Building Improvemen		2007		3,392	68	40		(68)		7
8	Building Improvemen		2009		8,575	173	40		(173)		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 12,625,219	\$ 455,273		\$ 315,068	\$ (140,205)	\$ 1,913,846	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	\$ 472,832	\$ 97,776	\$ 67,463	(30,313)	7	\$ 392,880	18
19	Vehicles						854	19
20	TOTAL (lines 18 and 19)	\$ 472,832	\$ 97,776	\$ 67,463	#VALUE!		\$ 393,734	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 Equipmen

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column ☐ 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		0		\$ 0			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 fo care-related purposes, please attach a schedule detailin the model year and make, the rental expense for thi 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	Illinois Finance Authority		X	Building Purchase / Remode	4/1/06	\$ 11,600,000	\$ 11,600,000	12/1/37	6.5000	\$ 743,842	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,600,000	\$ 11,600,000			\$ 743,842	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,600,000	\$ 11,600,000			\$ 743,842	10

* If there is an option to buy the building, please provide complete details on an attached schedu

** If there is any overlap in ownership between the facility and the lender, this must be indicated in column

Facility Name: Plum Creek SLF

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	\$ 293,108	\$	1
2	Cash-Patient Deposits			2
	Accounts & Short-Term Notes Receivable			
3	Patients (less allowance)	70,061		3
4	Supply Inventory (priced a)			4
5	Short-Term Investment			5
6	Prepaid Insurance	14,653		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties			8
9	Other(specify):			9
	TOTAL Current Assets			
10	(sum of lines 1 thru 9)	\$ 377,822	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investment			12
13	Land	849,401		13
14	Buildings, at Historical Cost	12,508,850		14
15	Leasehold Improvements, at Historical Cost	122,323		15
16	Equipment, at Historical Cost	489,448		16
17	Accumulated Depreciation (book methods	(2,336,369)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	815,538		19
	Accumulated Amortization			
20	Organization & Pre-Operating Costs	(129,128)		20
21	Restricted Funds	1,388,194		21
22	Other Long-Term Assets (specify)			22
23	Other(specify):			23
	TOTAL Long-Term Assets			
24	(sum of lines 11 thru 23)	\$ 13,708,257	\$ 0	24
	TOTAL ASSETS			
25	(sum of lines 10 and 24)	\$ 14,086,079	\$ 0	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 267,568	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	24,856		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	34,587		30
31	Accrued Taxes Payable	84,211		31
32	Accrued Interest Payable	62,100		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
	TOTAL Current Liabilities			
37	(sum of lines 26 thru 36)	\$ 473,322	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	11,300,000		40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
	TOTAL Long-Term Liabilities			
44	(sum of lines 38 thru 43)	\$ 11,300,000	\$ 0	44
	TOTAL LIABILITIES			
45	(sum of lines 37 and 44)	\$ 11,773,322	\$ 0	45
	TOTAL EQUITY			
46		\$ 2,312,757	\$	46
	TOTAL LIABILITIES AND EQUITY			
47	(sum of lines 45 and 46)	\$ 14,086,079	\$ 0	47

*(See instructions.)

Facility Name: Plum Creek SLF

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.)

1			
	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 3,182,884	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 3,182,884	3
	B. Other Operating Revenue		
4	Special Services		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	3,294	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 3,294	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	821	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 821	14
	D. Other Revenue (specify):		
15	Telephone	28,659	15
16	Food Stamp Allowance	115,463	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 144,122	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,331,121	18

2			
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	747,642	19
20	Health Care/ Personal Care	478,486	20
21	General Administration	895,255	21
	B. Capital Expense		
22	Ownership	1,430,980	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)	\$ 3,552,363	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (221,242)	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (221,242)	31

