

		FOR BHF USE			

LL2

Supportive Living Facility

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)

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: 1000116

Facility Name: Cambridge House of Swansea LP

Address: 3900 Sullivan Drive Swansea 62226
Number City Zip Code

County: St. Clair

Telephone Number: (618) 234-8910 Fax # (618) 234-8920

Federal Employer ID Number:

Date Current Owners were Certified: 03/11/2009

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	

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

(Signed) _____ (Date) _____

(Type or Print Name) David J. Mitchell

(Title) CFO, BMA Management, LTD.

Paid
Preparer

(Signed) _____ (Date) _____

(Print Name and Title) _____

(Firm Name & Address) _____

(Telephone) () Fax # ()

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

Name: Grenshinka Osborne Telephone Number: (815) 935-1992 EXT 257
Email Address: _____

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 Cambridge House of Swansea LP

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	103	Single Unit Apartment	103	37,595	1		
2		Double Unit Apartment			2		
3		Other			3		
4	103	TOTALS	103	37,595	4		

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	22,892	14,030		36,922	5
6	Double Unit					6
7	Other					7
8	TOTALS	22,892	14,030		36,922	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.21%

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

250 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **98 (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 ☒

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

ACCUAL	X	MODIFIED		
CASH*		CASH*		

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/2011 **Fiscal Year:** 12/31/2011

* 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.

Facility Name: Cambridge House of Swansea LP

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

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							
1	Dietary and Food Purchase	228,089	171,145	1,625	400,859		400,859	1
2	Housekeeping, Laundry and Maintenance	85,750	22,618	58,834	167,202		167,202	2
3	Heat and Other Utilities			150,917	150,917	(23,786)	127,131	3
4	Other (specify):			14,617	14,617		14,617	4
5	TOTAL General Services	313,839	193,763	225,993	733,595	(23,786)	709,809	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	430,551	2,184		432,735		432,735	6
7	Activities and Social Services	23,828	10,652		34,480		34,480	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	454,379	12,836		467,215		467,215	9
	C. General Administration							
10	Administrative and Clerical	107,338	9,759	229,914	347,011	(22,355)	324,656	10
11	Marketing Materials, Promotions and Advertising	49,565	7,551	27,707	84,823		84,823	11
12	Employee Benefits and Payroll Taxes			236,620	236,620		236,620	12
13	Insurance-Property, Liability and Malpractice			41,705	41,705		41,705	13
14	Other (specify):			28,513	28,513		28,513	14
15	TOTAL General Administration	156,903	17,310	564,459	738,672	(22,355)	716,317	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	925,121	223,909	790,452	1,939,482	(46,141)	1,893,341	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			476,074	476,074		476,074	17
18	Interest			346,748	346,748		346,748	18
19	Real Estate Taxes			55,552	55,552		55,552	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			310,704	310,704		310,704	22
23	TOTAL Ownership			1,189,078	1,189,078		1,189,078	23
24	GRAND TOTAL (Sum of lines 16 and 23)	925,121	223,909	1,979,530	3,128,560	(46,141)	3,082,419	24

Facility Name: Cambridge House of Swansea LP

Report Period Beginning 01/01/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 25.19	1
2	Licensed Practical Nurses	1	21.35	2
3	Certified Nurse Assistants	17	10.11	3
4	Activity Director & Assistants	1	11.41	4
5	Social Service Workers			5
6	Head Cook	1	17.59	6
7	Cook Helpers/Assistants	10	9.03	7
8	Dishwashers			8
9	Maintenance Workers	1	18.06	9
10	Housekeepers	3	8.64	10
11	Laundry			11
12	Managers	1	32.52	12
13	Other Administrative			13
14	Clerical	2	13.03	14
15	Marketing	1	20.78	15
16	Other			16
17	Total (lines 1 thru 16)	38	\$	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
Cambridge House LP		O'Fallon	
Cambridge House of Maryville I LP		Maryville	

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	BMA Management, LTD	\$ 123,127	1
2			2
Total		\$ 123,127	3

Facility Name: Cambridge House of Swansea LP

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 425,000 Year land was acquired 04/25/2008

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	103		2009		\$ 7,843,645	\$ 285,206	28	\$ 280,130	\$ (5,076)	\$ 796,249	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements				236,759	20,343	15	15,784	(4,559)	54,573	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)				\$ 8,080,404	\$ 305,549		\$ 295,914	\$ (9,635)	\$ 850,822	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	\$ 829,149	\$ 160,327	\$ 165,830	5,502	5	\$ 581,966	18
19	Vehicles	53,624	10,296	10,725	429	5	38,180	19
20	TOTAL (lines 18 and 19)	\$ 882,773	\$ 170,623	\$ 176,555	5,932		\$ 620,146	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

Facility Name: Cambridge House of Swansea LP Report Period Beginning: 01/01/2011 Ending: 2/31/2011

IX. RENTAL COSTS

A. Building and Fixed Equipment

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 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	Commerce Bank		X	First Mortgage	12/27/10	\$ 9,600,000	\$ 9,269,734	12/27/12	0.0361	\$ 346,748	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,600,000	\$ 9,269,734			\$ 346,748	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,600,000	\$ 9,269,734			\$ 346,748	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: Cambridge House of Swansea LP

Report Period Beginning: 01/01/2011

Ending: 12/31/2011

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2011

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 983,916	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 639)	522,048		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	9,798		6
7	Other Prepaid Expenses	2,196		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,517,958	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	661,759		13
14	Buildings, at Historical Cost	7,843,645		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	882,773		16
17	Accumulated Depreciation (book methods)	(1,470,968)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	36,899		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(10,704)		20
21	Restricted Funds	95		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,943,500	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,461,458	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 36,952	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	47,693		30
31	Accrued Taxes Payable	66,842		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SEE ATTACHMENT PG 7	37,594		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 189,081	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	9,269,734		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)	\$ 9,269,734	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,458,815	\$	45
46	TOTAL EQUITY	\$ 2,642	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,461,458	\$	47

*(See instructions.)

Facility Name: Cambridge House of Swansea LP

Report Period Beginning: 01/01/2011 Ending: 12/31/2011

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	\$ 3,506,891	1
2	Discounts and Allowances	(11,669)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,495,222	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	19,156	8
9	Non-Resident Meals	8,333	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 27,489	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,539	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,539	14
	D. Other Revenue (specify):		
15	Deposit Fee	100	15
16	Contract Services	300	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 400	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,524,650	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	733,595	19
20	Health Care/ Personal Care	467,215	20
21	General Administration	738,672	21
	B. Capital Expense		
22	Ownership	1,189,078	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 3,128,560	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 396,090	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 396,090	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,396
Rubbish Removal	6,117
Vehicle Expense	4,151
Transportation Service	-
Water Softener	2,953
Misc Operating	
Total	14,617

C. General Administration - Other

Consulting	-
Legal	2,778
Accounting	510
Audit	10,110
Contract labor	1,200
Bad Debt	13,915
Total	28,513

D. Ownership

Mortgage Insurance Premium	-
Mortgage Service Fee	
Partnership Management Fee	300,000
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	10,704
Remarketing and Trustee Fee	
Property Damage Loss	
Interest Income	
Total	310,704

Reclassifications and Adjustments

Heat & Other Utilities (23,786) Cable

Administrative and Clerical (22,355) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	25,257
Reservation Deposit	4,400
Unearned Revenue	<u>7,938</u>
Total Other Current Liabilities	<u>37,594</u>