

		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: 1000014

Facility Name: Victory Centre Of River Oaks

Address: 1370 Ring Road Calumet City 60409

Number City Zip Code

County: Cook

Telephone Number: (708) 730-0994 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 7/2/2002

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 Limited Partnership	

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

Name: Steve Lavenda Telephone Number: (847) 236 - 1111

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 1/1/2011 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)

(Title)

(Signed) (Date)

Paid Preparer (Print Name and Title) Steven N. Lavenda, C.P.A.

(Firm Name & Address) Frost, Ruttenberg & Rothblatt, P.C. 111 Pfingsten Road, Suite 300 Deerfield, IL 60015

(Telephone) (847) 236-1111 Fax (847) 236-1155

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

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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	<u>103</u>	Single Unit Apartment	<u>103</u>	<u>37,595</u>	1
2	<u>6</u>	Double Unit Apartment	<u>6</u>	<u>2,190</u>	2
3		Other			3
4	<u>109</u>	TOTALS	<u>109</u>	<u>39,785</u>	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	<u>34,405</u>	<u>1,975</u>		<u>36,380</u>	5
6	Double Unit	<u>491</u>	<u>28</u>		<u>519</u>	6
7	Other					7
8	TOTALS	<u>34,896</u>	<u>2,003</u>		<u>36,899</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.75%

D. Indicate the number of paid bed-hold days the SLF had during this year 902 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 19 (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)

None

H. ACCOUNTING BASIS

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

If no, explain. N/A

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? N/A

If no, explain. N/A

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? N/A

If no, explain. N/A

STATE OF ILLINOIS

Page 3

Facility Name: Victory Centre Of River Oaks

Report Period Beginning:

1/1/2011

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	188,248	181,145	135,950	505,343	(13,304)	492,039	1
2	Housekeeping, Laundry and Maintenance	118,971	41,916	103,390	264,277	2,110	266,387	2
3	Heat and Other Utilities			108,046	108,046	329	108,375	3
4	Other (specify):							4
5	TOTAL General Services	307,219	223,061	347,386	877,666	(10,865)	866,801	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	471,277	337	2,154	473,768		473,768	6
7	Activities and Social Services	27,287	3,335	18,492	49,114	(500)	48,614	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	498,564	3,672	20,646	522,882	(500)	522,382	9
	C. General Administration							
10	Administrative and Clerical	233,902	13,419	502,409	749,730	8,824	758,554	10
11	Marketing Materials, Promotions and Advertising	57,734	213	44,121	102,068	62,577	164,645	11
12	Employee Benefits and Payroll Taxes			206,008	206,008	14,173	220,181	12
13	Insurance-Property, Liability and Malpractice			41,478	41,478	486	41,964	13
14	Other (specify):					11,270	11,270	14
15	TOTAL General Administration	291,636	13,632	794,016	1,099,284	97,330	1,196,614	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,097,419	240,365	1,162,048	2,499,832	85,965	2,585,797	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			414,483	414,483	38,419	452,902	17
18	Interest			404,850	404,850	(554)	404,296	18
19	Real Estate Taxes			150,292	150,292		150,292	19
20	Rent -- Facility and Grounds			324	324	12,950	13,274	20
21	Rent -- Equipment			12,598	12,598	814	13,412	21
22	Other (specify):			55,047	55,047		55,047	22
23	TOTAL Ownership			1,037,594	1,037,594	51,629	1,089,223	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,097,419	240,365	2,199,642	3,537,426	137,593	3,675,019	24

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	\$ 38,419	17	1
2	Guest Meals	(1,350)	01	2
3	Employee Meals	(1,269)	01	3
4	Unidine Adjustment	(10,687)	01	4
5	Maintenance Fees	(600)	02	5
6	Damage Recovery	(310)	10	6
7	Pet Fee	(500)	07	7
8	Bank Service Charges	(3,040)	10	8
9	Late Fees/ Finance Charges	(4)	10	9
10	Charitable Contributions	(2,119)	10	10
11	Bad Debt	(33,475)	10	11
12	Asset Management Fee	(731)	10	12
13	Partnership Management Fee	(25,000)	10	13
14	Interest Income	(554)	18	14
15	Other Income	(61)	10	15
16	Miscellaneous Expenses	(170)	10	16
17	NSF Fees	(130)	10	17
18				18
19				19
20				20
21	PATHWAY MANAGEMENT LLC:			21
22	Dietary	2	01	22
23	Maintenance	205	02	23
24	Utilities	329	03	24
25	Administrative	76,083	10	25
26	Marketing Materials	49,554	11	26
27	Insurance	35	13	27
28	Employee Benefits	11,270	14	28
29	Rent- Building	12,539	20	29
30	Rent- Equipment	730	21	30
31				31
32	PATHWAY SENIOR LIVING LLC:			32
33	Maintenance	2,505	02	33
34	Administrative	226,058	10	34
35	Marketing Materials	13,023	11	35
36	Insurance	451	13	36
37	Employee Benefits	14,173	12	37
38	Rent- Building	411	20	38
39	Rent- Equipment	84	21	39
40	Management Fee	(228,279)	10	40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49				49
50				50
51				51
52				52
53				53
54				54
55				55

Sch V	Adj. Summary
Line 1	(13,304)
Line 2	2,110
Line 3	329
Line 4	0
Line 5	(10,865)
Line 6	0
Line 7	(500)
Line 8	0
Line 9	(500)
Line 10	8,824
Line 11	62,577
Line 12	14,173
Line 13	486
Line 14	11,270
Line 15	97,330
Line 16	85,965
Line 17	38,419
Line 18	(554)
Line 19	0
Line 20	12,950
Line 21	814
Line 22	0
Line 23	51,629
Line 24	137,593

56			56
57			57
58			58
59			59
60			60
61			61
62			62
63			63
64			64
65			65
66			66
67			67
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91			91
92			92
93			93
94			94
95			95
96			96
97			97
98			98
99			99
100			100
101	Total	137,593	101

Facility Name: Victory Centre Of River Oaks

Report Period Beginning 1/1/2011 Ending: 12/31/2011

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.38	\$ 35.59	1
2	Licensed Practical Nurses	1.34	26.78	2
3	Certified Nurse Assistants	12.68	11.17	3
4	Activity Director & Assistants	0.58	22.44	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	8.72	10.38	7
8	Dishwashers			8
9	Maintenance Workers	1.56	16.84	9
10	Housekeepers	3.22	9.63	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.10	27.42	13
14	Clerical			14
15	Marketing	1.03	26.91	15
16	Other			16
17	Total (lines 1 thru 16)	34.61	\$ 15.25	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
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See Attached					

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: N/A If yes, what is the value of those services? \$ N/A

(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	Brian Cloch	29%	2.09	\$ 6,812	1
2	Jerry Finis	29%	2.09	6,812	2
3	Robert Helle	13%	2.09	3,147	3
4	E. Keledijian	29%	2.09	6,812	4
5					5
Total				\$ 23581.65	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	N/A	\$		1
2				2
Total		\$		3

Facility Name: Victory Centre Of River Oaks

Report Period Beginning:

1/1/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 541,601 Year land was acquired 2002

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	109		2002	2002	\$ 9,842,367	\$ 414,483	35	\$ 281,210	\$ (133,273)	\$ 3,308,319	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				190,163			9,508	9,508	33,987	6
7	Various		2002		246,335		20	149,650	149,650		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)				\$ 10,278,865	\$ 414,483		\$ 440,368	\$ 25,885	\$ 3,342,306	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	\$ 540,607	\$	\$ 12,534	12,534	10	\$ 451,533	18
19	Vehicles	16,646				5	16,646	19
20	TOTAL (lines 18 and 19)	\$ 557,253	\$	\$ 12,534	12,534		\$ 468,179	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

****Improvement type must be detailed in order for the cost report to be considered complete**

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									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
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19									19
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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
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									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
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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
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name: Victory Centre Of River Oaks

Report Period Beginning: 1/1/2011

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	Storage Rental			/ /	324			5
6	Allocated From Pathway			/ /	12,950			6
7	TOTAL				\$ 13,274			7

8. Is movable equipment rental included in building rental?

☐ YES ☒ NO

9. Rental amount for movable equipment \$ 13,412

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	IHDA		X	1st Mortgage	5/1/01	\$ 6,150,000	\$ 5,773,733	9/1/42	6.7000	\$ 388,513	1
2	Cook County		X	2nd Mortgage	5/29/01	2,000,000	1,609,592	11/1/42	1.0000	16,337	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,150,000	\$ 7,383,325			\$ 404,850	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-554	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 8,150,000	\$ 7,383,325			\$ 404,296	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: Victory Centre Of River Oaks

Report Period Beginning: 1/1/2011

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	\$ 239,527	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,077,421		3
4	Supply Inventory (priced at)	5,356		4
5	Short-Term Investments			5
6	Prepaid Insurance	68,156		6
7	Other Prepaid Expenses	16,990		7
8	Accounts Receivable (owners or related parties)	291		8
9	Other(specify): See Attached	567,419		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,975,160	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	541,601		13
14	Buildings, at Historical Cost	9,842,367		14
15	Leasehold Improvements, at Historical Cost	314,688		15
16	Equipment, at Historical Cost	635,114		16
17	Accumulated Depreciation (book methods)	(4,163,338)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Attached	186,635		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,357,067	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,332,227	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 71,362	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	102,362		29
30	Accrued Salaries Payable	102,961		30
31	Accrued Taxes Payable	150,291		31
32	Accrued Interest Payable	33,652		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	217,309		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 677,937	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,280,964		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)	\$ 7,280,964	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,958,901	\$	45
46	TOTAL EQUITY	\$ 1,373,326	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,332,227	\$	47

*(See instructions.)

Facility Name: Victory Centre Of River Oaks

Report Period Beginning: 1/1/2011

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	\$ 3,886,089	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,886,089	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	13,306	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 13,306	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	554	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 554	14
	D. Other Revenue (specify):		
15	See Attached	42,625	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 42,625	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,942,574	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	877,666	19
20	Health Care/ Personal Care	522,882	20
21	General Administration	1,099,284	21
	B. Capital Expense		
22	Ownership	1,037,594	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)	\$ 3,537,426	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 405,148	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 405,148	31

