

		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: 1000113

Facility Name: WOODRIDGE SUPPORTIVE LIVING RESIDENCE OF PONTIAC LLC

Address: 120 NORTH DEERFIELD ROAD 61764
Number City Zip Code

County: LIVINGSTON

Telephone Number: (847) 679-8219 Fax # (847) 679-7377

Federal Employer ID Number: _____

Date Current Owners were Certified: 03/02/2009

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: BOB KAGDA Telephone Number: (847) 675-3585
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

(Signed) _____ (Date) _____

(Type or Print Name) MARSHALL MAUER

(Title) TREASURER

Paid
Preparer

(Signed) _____ (Date) _____

(Print Name and Title) _____

(Firm Name & Address) KRUPNICK, BOKOR, KAGDA & BROOKS LTD
3750 W DEVON LINCOLNWOOD, IL 60712

(Telephone) (847) 675-3585 Fax (847) 675-5777

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

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	50	Single Unit Apartment	50	18,250	1
2	10	Double Unit Apartment	10	3,650	2
3		Other			3
4	60	TOTALS	60	21,900	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	6,523	7,640		14,163	5
6	Double Unit	365	46		411	6
7	Other					7
8	TOTALS	6,888	7,686		14,574	8

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

66.55%

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

237

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.

STATE OF ILLINOIS

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Facility Name: WOODRIDGE SUPPORTIVE LIVING RESIDENCE OF PO

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	79,302	89,522	2,270	171,094		171,094	1
2	Housekeeping, Laundry and Maintenance	49,243	26,752	6,180	82,175		82,175	2
3	Heat and Other Utilities			56,331	56,331	3,691	60,022	3
4	Other (specify): SCAVENGER			6,287	6,287		6,287	4
5	TOTAL General Services	128,545	116,274	71,068	315,887	3,691	319,578	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	294,051	1,088		295,139		295,139	6
7	Activities and Social Services		2,168		2,168		2,168	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	294,051	3,256		297,307		297,307	9
	C. General Administration							
10	Administrative and Clerical	37,447	5,383	31,611	74,441	(3,691)	70,750	10
11	Marketing Materials, Promotions and Advertising			18,022	18,022		18,022	11
12	Employee Benefits and Payroll Taxes			75,887	75,887		75,887	12
13	Insurance-Property, Liability and Malpractice			19,917	19,917		19,917	13
14	Other (specify):							14
15	TOTAL General Administration	37,447	5,383	145,437	188,267	(3,691)	184,576	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	460,043	124,913	216,505	801,461		801,461	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			7,775	7,775	174,290	182,065	17
18	Interest			196	196	259,971	260,167	18
19	Real Estate Taxes			60,200	60,200	108	60,308	19
20	Rent -- Facility and Grounds			336,200	336,200	(336,200)		20
21	Rent -- Equipment			7,172	7,172		7,172	21
22	Other (specify):							22
23	TOTAL Ownership			411,543	411,543	98,169	509,712	23
24	GRAND TOTAL (Sum of lines 16 and 23)	460,043	124,913	628,048	1,213,004	98,169	1,311,173	24

Facility Name: WOODRIDGE SUPPORTIVE LIVING RESIDENCE OF PONTIAC

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
2	Licensed Practical Nurses	2.5	18.80	2
3	Certified Nurse Assistants	9.5	10.15	3
4	Activity Director & Assistants	1.0	11.00	4
5	Social Service Workers			5
6	Head Cook	2.0	10.51	6
7	Cook Helpers/Assistants	2.0	10.05	7
8	Dishwashers			8
9	Maintenance Workers	0.5	13.12	9
10	Housekeepers	2.0	9.38	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.0	17.86	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	20.5	\$	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
WOODRIDGE OF GALESBURG	
WOODRIDGE OF GENESEO	
SCHEDULE ATTACHED	

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
SCHEDULE 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: DYNAMIC HEALTHCARE CONSULTANTS If yes, what is the value of those services? \$ 16,599

(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	NA			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	NA	\$	1
2			2
Total		\$	3

Facility Name: WOODRIDGE SUPPORTIVE LIVING RESIDENCE OF POW

Report Period Beginning:

01/01/2011

Ending:

12/31/2011

VIII. OWNERSHIP COSTS

A. Purchase price of land 172,766 Year land was acquired 2006

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	60		2009	2009	\$ 3,871,594	\$ 141,682	28	\$ 141,682	\$	\$ 394,954	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	PLUMBING REPAIRS			2010	2,148	78	28	78		2,034	6
7	FRONT DOOR - SIDELITE			2010	4,927	179	28	179		4,608	7
8	DOOR			2011	1,843	64	28	64		1,779	8
9	SEWER WORK			2011	3,016	23	28	23		2,994	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,883,528	\$ 142,026		\$ 142,026	\$	\$ 406,369	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	\$ 313,546	\$ 40,039	\$ 31,354	(8,685)	10 YRS	\$ 91,182	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 313,546	\$ 40,039	\$ 31,354	(8,685)		\$ 91,182	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: NA

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		☐ YES ☐ NO
3	Original Building			/ /	\$			3	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.
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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	BANK OF PONTIAC		X	MORTGAGE	12/4/08	\$ 3,939,300	\$ 3,797,737	4/15/14	5.7500	\$ 219,389	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	BANK OF PONTIAC		X	WORKING CAPITAL	5/1/09	725,000	638,631			40,582	4
5			X	INSURANCE FINANCING	/ /			/ /		196	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,664,300	\$ 4,436,368			\$ 260,167	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,664,300	\$ 4,436,368			\$ 260,167	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: **WOODRIDGE SUPPORTIVE LIVING RESIDENCE OF PONTIAC**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	\$ 37,186	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	228,874		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	31,261		6
7	Other Prepaid Expenses	3,028		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 300,349	\$	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	11,934		15
16	Equipment, at Historical Cost	21,531		16
17	Accumulated Depreciation (book methods)	(16,248)		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): DEPOSIT			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,217	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 317,566	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 388,266	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	27,434		30
31	Accrued Taxes Payable	3,823		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 419,523	\$	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)	\$ 419,523	\$	45
46	TOTAL EQUITY	\$ (101,957)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 317,566	\$	47

*(See instructions.)

Facility Name: WOODRIDGE SUPPORTIVE LIVING RESIDENCE OF

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	\$ 1,235,031	1
2	Discounts and Allowances	(7,360)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,227,671	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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	FOOD STAMP INCOME	24,701	15
16	OTHER SERVICES-PRIVATE	175	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 24,876	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,252,547	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	315,887	19
20	Health Care/ Personal Care	297,307	20
21	General Administration	188,267	21
	B. Capital Expense		
22	Ownership	411,543	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	INSURANCE SETTLEMENT	20,209	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,233,213	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 19,334	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 19,334	31

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	3,691
LINE 10	CABLE TV	(3,691)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	174,290
LINE 18	MORTGAGE INTEREST	259,971
LINE 19	REAL ESTATE TAX	(60,200)
LINE 19	REAL ESTATE TAX	60,308
LINE 20	RENT	(336,200)
LINE 24	GRAND TOTAL	<u>98,169</u>

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

UTILITIES	185
REPAIRS & MAINT	1,142
EMP BEN-GEN SERV	17
PROFESSIONAL FES	114
DUES & SUBSCRIPTIONS	125
CLERICAL & GENERAL	9,235
SEMINARS & TRAVEL	134
AUTO EXP	233
INSURANCE	78
EMP. BEN.-GEN. ADMIN.	1,927
DEPRECIATION	372
INTEREST	657
REAL ESTATE TAXES	692
REAL ESTATE TAXES PROTEST FEE	122
EQUIPMENT RENTAL	<u>1,565</u>
	<u>16,599</u>

