

		FOR BHF USE			

LL2

Supportive Living Facility

2012

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2012)

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

Address: 3900 Sullivan Drive Swansea 62226

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

☐ Charitable Corp.
 ☐ Trust

IRS Exemption Code

☐ PROPRIETARY

☐ Individual
 ☒ Partnership
 ☐ Corporation
 ☐ "Sub-S" Corp.
 ☐ Limited Liability Co.
 ☐ Trust
 ☐ Other

☐ GOVERNMENTAL

☐ State
 ☐ County
 ☐ Other

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

Name: Grenshinka Osborne

Telephone Number: 815-935-1992 EXT 257

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 01/01/12 to 12/31/12 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) 4/29/2013

(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 # ()

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

HFS 3745C (N-4-05)

IL478-2471

Facility Name Cambridge House of Swansea Report Period Beginning: 01/01/12 Ending: 12/31/12

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	37,698	1
2		Double Unit Apartment			2
3		Other			3
4	103	TOTALS	103	37,698	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	20,337	16,640		36,977	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,337	16,640		36,977	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 98.09%

D. Indicate the number of paid bed-hold days the SLF had during this year
370 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 ☒

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: 2012 Fiscal Year: 2012

* 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: Cambridge House of Swansea

Report Period Beginning:

01/01/12

Ending:

12/31/12

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	233,894	165,616	1,656	401,166		401,166	1
2	Housekeeping, Laundry and Maintenance	87,516	28,925	53,847	170,288		170,288	2
3	Heat and Other Utilities			141,946	141,946	(23,842)	118,104	3
4	Other (specify):			16,008	16,008		16,008	4
5	TOTAL General Services	321,410	194,541	213,457	729,408	(23,842)	705,566	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	446,458	2,806		449,264		449,264	6
7	Activities and Social Services	24,441	8,315		32,756		32,756	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	470,899	11,121		482,020		482,020	9
	C. General Administration							
10	Administrative and Clerical	110,395	10,823	244,410	365,628	(23,310)	342,318	10
11	Marketing Materials, Promotions and Advertising	57,169	9,509	37,920	104,598		104,598	11
12	Employee Benefits and Payroll Taxes			270,834	270,834		270,834	12
13	Insurance-Property, Liability and Malpractice			41,820	41,820		41,820	13
14	Other (specify):			27,649	27,649		27,649	14
15	TOTAL General Administration	167,564	20,332	622,633	810,529	(23,310)	787,219	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	959,873	225,994	836,090	2,021,957	(47,152)	1,974,805	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			409,858	409,858		409,858	17
18	Interest			320,443	320,443		320,443	18
19	Real Estate Taxes			68,719	68,719		68,719	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			582,436	582,436		582,436	22
23	TOTAL Ownership			1,381,456	1,381,456		1,381,456	23
24	GRAND TOTAL (Sum of lines 16 and 23)	959,873	225,994	2,217,546	3,403,413	(47,152)	3,356,261	24

Facility Name: Cambridge House of Swansea

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

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 25.58	1
2	Licensed Practical Nurses	1	20.63	2
3	Certified Nurse Assistants	16	10.16	3
4	Activity Director & Assistants	1	11.69	4
5	Social Service Workers			5
6	Head Cook	1	18.25	6
7	Cook Helpers/Assistants	10	9.13	7
8	Dishwashers			8
9	Maintenance Workers	1	18.56	9
10	Housekeepers	3	8.57	10
11	Laundry			11
12	Managers	1	33.94	12
13	Other Administrative	1	8.41	13
14	Clerical	1	16.05	14
15	Marketing	1	17.36	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

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? \$

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	\$ 124,209	1
2			2
Total		\$ 124,209	3

Facility Name: Cambridge House of Swansea Report Period Beginning: 01/01/12 Ending: 12/31/12

VIII. OWNERSHIP COSTS

A. Purchase price of land 425,000 Year land was acquired 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	\$ 285,224	28	\$ 280,130	\$ (5,094)	\$ 1,081,473	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvement				236,759	13,698	15	15,784	2,086	68,271	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	\$ 298,922		\$ 295,914	\$ (3,008)	\$ 1,149,744	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	\$ 835,911	\$ 100,226	\$ 167,182	66,956	5	\$ 682,192	18
19	Vehicles	53,624	10,710	10,725	15	5	48,890	19
20	TOTAL (lines 18 and 19)	\$ 889,535	\$ 110,936	\$ 177,907	66,971		\$ 731,082	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 Report Period Beginning: 01/01/12 Ending: 12/31/12

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	\$	12/27/12	0.0361	\$ 255,888	1	
2	Gershman Mortgage		X	First Mortgage	10/11/12	9,423,200		9,394,778	11/11/47	0.0245	64,555	2
3					/ /			/ /				3
	Working Capital											
4					/ /			/ /				4
5					/ /			/ /				5
6					/ /			/ /				6
7	TOTAL Facility Related					\$ 19,023,200	\$ 9,394,778				\$ 320,443	7
	B. Non-Facility Related											
8					/ /			/ /				8
9					/ /			/ /				9
10	TOTALS (lines 7, 8 and 9)					\$ 19,023,200	\$ 9,394,778				\$ 320,443	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

Report Period Beginning: 01/01/12

Ending:

12/31/12

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/12

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 694,675	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 10,040)	576,629		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	10,225		6
7	Other Prepaid Expenses	3,311		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): <u>PREPAID MIP</u>	70,674		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,355,513	\$	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	889,535		16
17	Accumulated Depreciation (book methods)	(1,880,826)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	180,600		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(860)		20
21	Restricted Funds	159,420		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,853,272	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,208,786	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 62,892	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	51,469		30
31	Accrued Taxes Payable	69,433		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>SEE PAGE 7 ATTACHMENT</u>	237,925		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 421,720	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	9,394,778		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)	\$ 9,394,778	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,816,498	\$	45
46	TOTAL EQUITY	\$ (607,712)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,208,786	\$	47

*(See instructions.)

Facility Name: Cambridge House of Swansea

Report Period Beginning: 01/01/12

Ending:

12/31/12

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	\$ 3,389,807	1
2	Discounts and Allowances	(10,490)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,379,316	3
	B. Other Operating Revenue		
4	Special Services	158,964	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	14,526	8
9	Non-Resident Meals	12,680	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 186,170	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	21,783	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 21,783	14
	D. Other Revenue (specify):		
15	Contract Svc (\$1119); Call Pendant & Late	2,853	15
16	Insurance Adjustment Income	6,936	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 9,789	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,597,058	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	729,408	19
20	Health Care/ Personal Care	482,020	20
21	General Administration	810,529	21
	B. Capital Expense		
22	Ownership	1,381,456	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)	\$ 3,403,413	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 193,645	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 193,645	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,496
Rubbish Removal	6,639
Vehicle Expense	5,785
Transportation Service	
Water Softener	2,088
Misc Operating	
Total	16,008

C. General Administration - Other

Consulting	779
Legal	3,591
Accounting	1,290
Audit	10,210
Contract labor-Serv Prov	
Bad Debt	10,579
Contract labor	1,200
Total	27,649

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	23,558
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	542,315
Tax Credit Fee & Incentive Fee	

Amortization Expense	11,563
Remarketing and Trustee Fee	
Property Damage Loss	5,000
Gain on Sale	
 Total	 582,436

Reclassifications and Adjustments

Heat & Other Utilities (23,842) Cable

Administrative and Clerical (23,310) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	225,993
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	3
Unearned Revenue	11,929
Accrued MIP	
Reservation Deposit	
Total Other Current Liabilities	237,925