

		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: 1000097

Facility Name: Glenhaven Gardens Alton

Address: 100 Glenhaven Drive Alton 62002

Number City Zip Code

County: Madison

Telephone Number: (618) 462-1500 Fax # ()

Federal Employer ID Number:

Date Current Owners were Certified: 2008

Type of Ownership:

VOLUNTARY, NON-PROFIT

xx PROPRIETARY

GOVERNMENTAL

Charitable Corp.

Trust

IRS Exemption Code

Individual

Partnership

Corporation

"Sub-S" Corp.

xx Limited Liability Co.

Trust

Other

State

County

Other

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

Name: craig ater Telephone Number: (309)823-7135

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) (Date)

(Type or Print Name) Craig Ater

(Title) Exec VP & CFO

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 **Glenhaven Gardens Alton**

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	92	Single Unit Apartment	92	33,672	1		
2		Double Unit Apartment			2		
3		Other			3		
4	92	TOTALS	92	33,672	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	19,822	13,054		32,876	5
6	Double Unit					6
7	Other					7
8	TOTALS	19,822	13,054		32,876	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.64%

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

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

ACCUAL		MODIFIED	
	☒	CASH*	☐
		CASH*	☐

I. Is your fiscal year identical to your tax year? ☒ 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: Glenhaven Gardens Alton

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	245,407	219,825		465,232		465,232	1
2	Housekeeping, Laundry and Maintenance	90,520	74,505		165,025		165,025	2
3	Heat and Other Utilities			148,741	148,741		148,741	3
4	Other (specify):							4
5	TOTAL General Services	335,927	294,330	148,741	778,998		778,998	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	380,088	3,065		383,153		383,153	6
7	Activities and Social Services	37,733	11,263		48,996		48,996	7
8	Other (specify):			17,099	17,099		17,099	8
9	TOTAL Health Care and Programs	417,821	14,328	17,099	449,248		449,248	9
	C. General Administration							
10	Administrative and Clerical	194,855	11,833	170,457	377,145	(1,870)	375,275	10
11	Marketing Materials, Promotions and Advertising			52,344	52,344		52,344	11
12	Employee Benefits and Payroll Taxes			205,388	205,388		205,388	12
13	Insurance-Property, Liability and Malpractice			59,884	59,884		59,884	13
14	Other (specify):							14
15	TOTAL General Administration	194,855	11,833	488,073	694,761	(1,870)	692,891	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	948,603	320,491	653,913	1,923,007	(1,870)	1,921,137	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			497,876	497,876		497,876	17
18	Interest			411,391	411,391	(6,850)	404,541	18
19	Real Estate Taxes			67,419	67,419		67,419	19
20	Rent -- Facility and Grounds			64,725	64,725		64,725	20
21	Rent -- Equipment			2,914	2,914		2,914	21
22	Other (specify):							22
23	TOTAL Ownership			1,044,325	1,044,325	(6,850)	1,037,475	23
24	GRAND TOTAL (Sum of lines 16 and 23)	948,603	320,491	1,698,238	2,967,332	(8,720)	2,958,612	24

Facility Name: Glenhaven Gardens Alton

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	\$ 25.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	7	12.00	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	12.00	5
6	Head Cook	1	12.00	6
7	Cook Helpers/Assistants	5	10.00	7
8	Dishwashers			8
9	Maintenance Workers	1	15.00	9
10	Housekeepers	1	10.00	10
11	Laundry			11
12	Managers	1	40.00	12
13	Other Administrative	2	20.00	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	20	\$	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? \$ _____
(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	Heritage Operations Group LLC	\$ 155,661	1
2			2
Total		\$ 155,661	3

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	92				\$ 7,717,798	\$ 434,924		\$ 434,924		\$ 1,372,826	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Exterior Signage			2008	8,012						6
7	Site Improvements			2008	185,687						7
8	Roof Vents			2011	10,106						8
9	Retaining Wall			2012	26,840						9
10	Parking Lot			2012	2,800						10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,951,243	\$ 434,924		\$ 434,924		\$ 1,372,826	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	\$ 1,111,498	\$ 62,952	\$ 62,952			\$ 911,662	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,111,498	\$ 62,952	\$ 62,952			\$ 911,662	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: Glenhaven Gardens Alton

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

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease:

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										
1	Illinois National Bank			Mortgage	/ /	\$	7,973,145	/ /		\$ 411,391	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	7,973,145			\$ 411,391	7
	B. Non-Facility Related										
8	Interest				/ /			/ /		-6,850	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	7,973,145			\$ 404,541	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: Glenhaven Gardens Alton

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	\$ 348,987	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	466,056		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	34,857		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 849,900	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	193,698		13
14	Buildings, at Historical Cost	7,757,544		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,111,498		16
17	Accumulated Depreciation (book methods)	(2,284,488)		17
18	Deferred Charges	376,707		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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,154,959	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,004,859	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 105,044	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	42,323		30
31	Accrued Taxes Payable	71,901		31
32	Accrued Interest Payable	27,649		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)	\$ 246,917	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,973,145		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)	\$ 7,973,145	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,220,062	\$	45
46	TOTAL EQUITY	\$ (215,203)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,004,859	\$	47

*(See instructions.)

Facility Name: Glenhaven Gardens Alton

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	\$ 3,088,797	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,088,797	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	22,594	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 22,594	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	6,850	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,850	14
	D. Other Revenue (specify):		
15			15
16	Other	1,566	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,566	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,119,807	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	778,998	19
20	Health Care/ Personal Care	449,248	20
21	General Administration	694,761	21
	B. Capital Expense		
22	Ownership	1,044,325	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):	210	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,967,542	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 152,265	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 152,265	31

Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg 1 Line #	Adjustment Amount		
PETTY CASH	348,987						1,009	1,009 PETTY C/ 348,987
CASH IN BANK							1,100	1,100 ACCTS RI 466,056
CASH IN BANK-PAYROLL							1,101	1,101 ALLOW. FOR UNCOLLECTIBLES
ACCOUNTS RECEIVABLE	466,056						1,110	1,110 ACCTS RECEIV-M/C
MEDICARE RECEIVABLES							1,125	1,125 ACCTS RECEIV-IPA
IPA INCOME RECEIVABLE							1,135	1,135 ACCTS RECEIV-IC
MEDICARE COST REPORT							1,140	1,140 UNAPPLIED CASH RECEIPTS
ACCOUNTS RECEIVABLE-IC							1,145	1,145 A/R SUSPENSE-REFUNDS
UNAPPLIED CASH RECEIPTS							1,200	1,200 PREPAID 34,857
A/R SUSPENSE-REFUNDS							1,220	1,220 OTHER PREPAID EXPENSES
ACCRUED INTEREST REC							1,300	1,300 DIETARY INVENTORY
PREPAID INSURANCE	34,857						1,310	1,310 SUPPLIES INVENTORY
OTHER PREPAID EXPENSES							1,320	1,320 LINEN INVENTORY
FOOD INVENTORY							1,409	1,409 LAND 193,698
SUPPLIES INVENTORY							1,450	1,450 FURNITU 1,111,498
LAND	193,698						1,460	-911,662
FURNITURE & EQUIPMENT	1,111,498						1,475	1,475 CODE AL 7,757,544
ACCUM DEPR-FURN & EQUIP	-911,662						1,490	1,490 ACCUM I -1,372,826
BUILDING & IMPROVEMENT	7,757,544						1,530	1,530 RESIDENT 0
ACCUM DEPR-BUILDING	-1,372,826						1,550	1,550 LOAN FEI 376,707
RESIDENT FUNDS	0						1,551	1,551 LOAN FEES ADDED
LOAN FEES	376,707						1,850	1,850 INTERCO 0
REAL ESTATE TAX ESCROW							2,010	2,010 ACCOUN' -105,044
REIMBURSABLE PURCHASES							2,100	2,095 BONUSES PAYABLE
INTRACOMPANY	0						2,100	2,100 ACCRUEI -38,572
ACCOUNTS PAYABLE	-105,044						2,100	2,100 PR CLEARING-BENEFITS
BONUSES PAYABLE							2,100	2,100 PR CLEARING-LABOR
ACCRUED PAYROLL	-38,572						2,110	2,110 ACCRUEI 0
ACCRUED VACATION PAY	0						2,120	2,120 U.C. TAXES PAYABLE
UC TAXES PAYABLE							2,125	2,125 FICA TAX -3,751
FICA TAX PAYABLE	-3,751	-3,751					2,130	2,130 FEDERAL W/H TAX PAYABLE
FIT PAYABLE							2,140	2,140 STATE W/H TAX PAYABLE
STATE W/H PAYABLE			0				2,152	2,152 WORKERS COMP ACCRUAL
EARNED INCOME CREDIT							2,225	2,225 EMPLOYEEE INSURANCE REFUND

UC FED CREDIT REDUCTION
PAYROLL SAVINGS

2,230
2,235

2,230 PAYROLL SAVINGS
2,240 UNITED FUND

