

		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: 1000045

Facility Name: Heritage Woods of Manteno

Address: 355 Diversatch Drive Manteno 60950

Number City Zip Code

County: Kankakee

Telephone Number: 815-468-3553 Fax # 815-468-3888

Federal Employer ID Number: _____

Date Current Owners were Certified: 10/25/07

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: Selena Edgington Telephone Number: 815-935-1992 EXT 232

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
(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 # ()

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	Heritage Woods of Manteno
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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	81	Single Unit Apartment	29,646			1	
2	6	Double Unit Apartment	2,196			2	
3		Other				3	
4	87	TOTALS	31,842			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	17,604	13,832		31,436	5
6	Double Unit					6
7	Other					7
8	TOTALS	17,604	13,832		31,436	8

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

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

434 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

		MODIFIED	
ACCRUAL	X	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

Page 3

Facility Name: Heritage Woods of Manteno

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	212,386	159,560	2,779	374,725		374,725	1
2	Housekeeping, Laundry and Maintenance	93,274	23,178	56,984	173,436		173,436	2
3	Heat and Other Utilities			162,593	162,593		162,593	3
4	Other (specify):			15,917	15,917	(22,287)	(6,370)	4
5	TOTAL General Services	305,660	182,738	238,273	726,671	(22,287)	704,384	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	389,975	2,345		392,320		392,320	6
7	Activities and Social Services	29,380	7,101		36,481		36,481	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	419,355	9,446		428,801		428,801	9
	C. General Administration							
10	Administrative and Clerical	122,001	13,821	1,021,763	1,157,585	(17,561)	1,140,024	10
11	Marketing Materials, Promotions and Advertising	32,691	2,935	29,719	65,345		65,345	11
12	Employee Benefits and Payroll Taxes			221,828	221,828		221,828	12
13	Insurance-Property, Liability and Malpractice			18,024	18,024		18,024	13
14	Other (specify):			10,859	10,859		10,859	14
15	TOTAL General Administration	154,692	16,756	1,302,193	1,473,641	(17,561)	1,456,080	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	879,707	208,940	1,540,466	2,629,113	(39,848)	2,589,265	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest			14,849	14,849		14,849	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			(4,288)	(4,288)		(4,288)	22
23	TOTAL Ownership			10,561	10,561		10,561	23
24	GRAND TOTAL (Sum of lines 16 and 23)	879,707	208,940	1,551,027	2,639,674	(39,848)	2,599,826	24

Facility Name: Heritage Woods of Manteno

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	\$ 33.28	1
2	Licensed Practical Nurses	1	19.25	2
3	Certified Nurse Assistants	14	9.84	3
4	Activity Director & Assistants	1	12.92	4
5	Social Service Workers			5
6	Head Cook		19.44	6
7	Cook Helpers/Assistants	10	8.91	7
8	Dishwashers			8
9	Maintenance Workers	1	16.78	9
10	Housekeepers	3	8.52	10
11	Laundry			11
12	Managers	1	34.60	12
13	Other Administrative	1	9.86	13
14	Clerical	1	13.88	14
15	Marketing	1	27.73	15
16	Other			16
17	Total (lines 1 thru 16)	35	\$	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
DSI FLORA OPERATOR			
DSI OTTAWA OPERATOR			
DSI WATSEKA OPERATOR			

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	\$ 150,809	1
2			2
Total		\$ 150,809	3

Facility Name: Heritage Woods of Manteno

Report Period Beginning:

01/01/12

Ending:

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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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: Heritage Woods of Manteno Report Period Beginning: 01/01/12 Ending: 12/31/12

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: DSI Manteno Owner LLC

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	2005	87	10/24/07	\$ 778,967	30		3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		87		\$ 778,967			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					/ /	\$		/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	PEOPLES BANK		X	LINE OF CREDIT	11/28/12	800,000	94,526	11/26/13	VARIABLE	14,849	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 800,000	\$ 94,526			\$ 14,849	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 800,000	\$ 94,526			\$ 14,849	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: Heritage Woods of Manteno

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	\$ 28,064	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	636,713		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,483		6
7	Other Prepaid Expenses	8,934		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 702,194	\$	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			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 702,194	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 115,761	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	51,481		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	136,923		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 304,165	\$	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)	\$ 304,165	\$	45
46	TOTAL EQUITY	\$ 398,029	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 702,194	\$	47

*(See instructions.)

Facility Name: Heritage Woods of Manteno

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	\$ 3,222,724	1
2	Discounts and Allowances	(587)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,222,137	3
	B. Other Operating Revenue		
4	Special Services	110,606	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	19,309	8
9	Non-Resident Meals	4,605	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 134,520	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	16,296	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 16,296	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,372,953	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	726,671	19
20	Health Care/ Personal Care	428,801	20
21	General Administration	1,473,641	21
	B. Capital Expense		
22	Ownership	10,561	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)	\$ 2,639,674	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 733,279	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 733,279	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,105
Rubbish Removal	5,078
Vehicle Expense	8,714
Transportation Service	
Water Softener	1,020
Misc Operating	
Total	15,917

C. General Administration - Other

Consulting	919
Legal	327
Accounting	135
Audit	5,020
Contract labor	1,200
Bad Debt	3,258
Total	10,859

D. Ownership

Letter of Credit	510
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	

Remarketing and Trustee Fee	
Property Damage Loss	
Settlement	(4,798)
 Total	 (4,288)

Reclassifications and Adjustments

Heat & Other Utilities	(22,287) Cable
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Administrative and Clerical	(17,561) Telephone Revenue
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BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	10,158
Line of Credit	94,526
Security Deposits	7,674
Accrued Incentive Mgmt Fee	
Unclaimed Property	1,098
Unearned Revenue	5,167
Accrued Developer Fee	18,300
Reservation Deposit	

Total Other Current Liabilities 136,923