

		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: 1000118

Facility Name: Heritage Woods of South Elgin

Address: 700 North McLean Boulevard South Elgin 60117

Number City Zip Code

County: Kane

Telephone Number: (847) 531-8360 Fax # (847) 531-8362

Federal Employer ID Number: _____

Date Current Owners were Certified: 06/17/2009

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: 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
(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 South Elgin**

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	132	Single Unit Apartment	182	48,714	1		
2		Double Unit Apartment			2		
3		Other			3		
4	132	TOTALS	182	48,714	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	27,767	18,398		46,165	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,767	18,398		46,165	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.77%

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

1,269 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 347 (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

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Facility Name: Heritage Woods of South Elgin

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	321,860	260,512	2,276	584,648		584,648	1
2	Housekeeping, Laundry and Maintenance	139,495	28,453	48,709	216,657		216,657	2
3	Heat and Other Utilities			180,755	180,755	(36,344)	144,411	3
4	Other (specify):			19,024	19,024		19,024	4
5	TOTAL General Services	461,355	288,965	250,764	1,001,084	(36,344)	964,740	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	760,725	5,103		765,828		765,828	6
7	Activities and Social Services	44,770	12,537		57,307		57,307	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	805,495	17,640		823,135		823,135	9
	C. General Administration							
10	Administrative and Clerical	162,092	22,876	491,080	676,048	(27,746)	648,302	10
11	Marketing Materials, Promotions and Advertising	100,965	51,437	23,290	175,692		175,692	11
12	Employee Benefits and Payroll Taxes			374,891	374,891		374,891	12
13	Insurance-Property, Liability and Malpractice			56,832	56,832		56,832	13
14	Other (specify):			59,369	59,369		59,369	14
15	TOTAL General Administration	263,057	74,313	1,005,462	1,342,832	(27,746)	1,315,086	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,529,907	380,918	1,256,226	3,167,051	(64,090)	3,102,961	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			866,374	866,374		866,374	17
18	Interest			588,373	588,373		588,373	18
19	Real Estate Taxes			124,110	124,110		124,110	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			279,703	279,703		279,703	22
23	TOTAL Ownership			1,858,560	1,858,560		1,858,560	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,529,907	380,918	3,114,786	5,025,611	(64,090)	4,961,521	24

Facility Name: Heritage Woods of South Elgin

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	\$ 35.48	1
2	Licensed Practical Nurses	2	22.74	2
3	Certified Nurse Assistants	24	11.65	3
4	Activity Director & Assistants	1	16.80	4
5	Social Service Workers			5
6	Head Cook	1	20.03	6
7	Cook Helpers/Assistants	14	9.36	7
8	Dishwashers			8
9	Maintenance Workers	2	16.31	9
10	Housekeepers	4	8.92	10
11	Laundry			11
12	Managers	1	45.31	12
13	Other Administrative	1	13.14	13
14	Clerical	1	21.17	14
15	Marketing	2	21.97	15
16	Other			16
17	Total (lines 1 thru 16)	54	\$	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	BMA MANAGEMENT, LTD	\$ 263,047	1
2			2
Total		\$ 263,047	3

VIII. OWNERSHIP COSTS

A. Purchase price of land N/A 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 South Elgin Report Period Beginning: 01/01/12 Ending: 12/31/12

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Heritage Woods of South Elgin 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	2007	182	12/05/12	\$ 114,260			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		182		\$ 114,260			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 National Bank		X	Line of Credit	9/11/12	1,950,500		9/9/13	Variable	15,527	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 1,950,500	\$			\$ 15,527	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 1,950,500	\$			\$ 15,527	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.

STATE OF ILLINOIS

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Facility Name: Heritage Woods of South Elgin

Report Period Beginning: 01/01/12

Ending:

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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	\$ 161,258	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance 146,456)	1,236,103		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	45,731		6
7	Other Prepaid Expenses	6,932		7
8	Accounts Receivable (owners or related parties)	(8,114)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,441,909	\$	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	190,569		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 190,569	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,632,478	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 120,333	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	132,284		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	212,847		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 465,465	\$	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)	\$ 465,465	\$	45
46	TOTAL EQUITY	\$ 1,167,013	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,632,478	\$	47

*(See instructions.)

Facility Name: Heritage Woods of South Elgin

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	\$ 5,267,735	1
2	Discounts and Allowances	(29,490)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 5,238,245	3
	B. Other Operating Revenue		
4	Special Services	159,908	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	28,570	8
9	Non-Resident Meals	5,577	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 194,055	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	19,381	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 19,381	14
	D. Other Revenue (specify):		
15	Contract Service Income	362	15
16	Call Pendant Income	82	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 444	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,452,126	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,001,084	19
20	Health Care/ Personal Care	823,135	20
21	General Administration	1,342,832	21
	B. Capital Expense		
22	Ownership	1,858,560	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)	\$ 5,025,611	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 426,515	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 426,515	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	4,565
Rubbish Removal	7,260
Vehicle Expense	939
Transportation Service	13
Water Softener	6,247
Misc Operating	
Total	19,024

C. General Administration - Other

Consulting	2,653
Legal	4,747
Accounting	90
Audit	10,710
Contract labor-Serv Prov	
Bad Debt	39,969
Contract labor	1,200
Total	59,369

D. Ownership

Letter of Credit	8,496
Financing Fees	251,077
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	

Amortization Expense	18,479
Remarketing and Trustee Fee	
Property Damage Loss	1,651
Gain on Sale	
 Total	 279,703

Reclassifications and Adjustments

Heat & Other Utilities (36,344) Cable

Administrative and Clerical (27,746) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	120,038
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	983
Unearned Revenue	79,677
Accrued MIP	
Reservation Deposit	12,150
Total Other Current Liabilities	212,847