

		FOR BHF USE			

LL2

Supportive Living Facility

2013

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2013)

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: 1000080

Facility Name: Foxes Grove S L Comm

Address: 395 Edwardsville Rd Wood River 62095

County: Madison

Telephone Number: (618) 259-0851 Fax # (618) 259-0854

Federal Employer ID Number:

Date Current Owners were Certified: 07/01/2008

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

X 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: Cindy A. Tefteller Telephone Number: (618) 465-7717

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 07/01/2012 to 06/30/2013 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)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) See Accountant's Compilation Report

(Print Name and Title) Cindy A. Tefteller

(Firm Name & Address) C.J. Schlosser & Company, L.L.C 233 E. Center Drive, Alton, IL 62002

(Telephone) (618) 465-7717 Fax (618) 465-7710

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 Foxes Grove S L Comm

Report Period Beginning: 07/01/2012 Ending: 06/30/2013

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	83	Single Unit Apartment	83	30,295	1
2	11	Double Unit Apartment	11	8,030	2
3		Other			3
4	94	TOTALS	94	38,325	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	14,078	13,438		27,516	5
6	Double Unit					6
7	Other					7
8	TOTALS	14,078	13,438		27,516	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 71.80%

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

NONE Also, indicate the number of unpaid bed-hold days the SLF had during this year. NONE (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)

NONE

H. ACCOUNTING BASIS

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 06/30/2013 Fiscal Year: 06/30/2013

* 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? N/A
If no, explain. N/A

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? N/A
If no, explain. N/A

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? N/A
If no, explain. N/A

STATE OF ILLINOIS

Page 3

Facility Name: Foxes Grove S L Comm

Report Period Beginning:

07/01/2012

Ending:

06/30/2013

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	189,309	205,715	1,254	396,278	(6,266)	390,012	1
2	Housekeeping, Laundry and Maintenance	117,306	30,389	136,488	284,183	(26,911)	257,272	2
3	Heat and Other Utilities			124,801	124,801		124,801	3
4	Other (specify): Waste Disposal			7,760	7,760		7,760	4
5	TOTAL General Services	306,615	236,104	270,303	813,022	(33,177)	779,845	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	411,659	2,427	5,339	419,425	11,433	430,858	6
7	Activities and Social Services		10,508	172	10,680		10,680	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	411,659	12,935	5,511	430,105	11,433	441,538	9
	C. General Administration							
10	Administrative and Clerical	147,727	8,258	105,747	261,732	(367)	261,365	10
11	Marketing Materials, Promotions and Advertising			18,929	18,929		18,929	11
12	Employee Benefits and Payroll Taxes			109,223	109,223	7,636	116,859	12
13	Insurance-Property, Liability and Malpractice			36,706	36,706	761	37,467	13
14	Other (specify):							14
15	TOTAL General Administration	147,727	8,258	270,605	426,590	8,030	434,620	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	866,001	257,297	546,419	1,669,717	(13,714)	1,656,003	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			1,212	1,212	1,092	2,304	17
18	Interest			202	202	(202)		18
19	Real Estate Taxes			69,758	69,758		69,758	19
20	Rent -- Facility and Grounds			722,678	722,678		722,678	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			793,850	793,850	890	794,740	23
24	GRAND TOTAL (Sum of lines 16 and 23)	866,001	257,297	1,340,269	2,463,567	(12,824)	2,450,743	24

Facility Name: Foxes Grove S L Comm

Report Period Beginning: 07/01/2012 Ending: 06/30/2013

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 31.26	1
2	Licensed Practical Nurses	3	19.58	2
3	Certified Nurse Assistants	10	9.95	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	15.10	6
7	Cook Helpers/Assistants	9	9.00	7
8	Dishwashers			8
9	Maintenance Workers	3	9.53	9
10	Housekeepers	3	8.92	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	31.18	13
14	Clerical	3	11.40	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	34	\$ 12.00	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
See Attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
See 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: See Attached Schedules If yes, what is the value of those services? \$ See Attached Schedules

(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	Michael Brady Administrative		1.3	\$ 3993	1
2					2
3					3
4					4
5					5
Total				\$ 3993	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	Section Not Applicable	\$	1
2			2
Total		\$	3

Facility Name: Foxes Grove S L Comm

Report Period Beginning:

07/01/2012

Ending:

06/30/2013

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	Carpet & Vinyl for 2 Bedrooms			2011	3,016	302	10	302		553	6
7	Carpet & Vinyl for 2 Bedrooms			2013	3,755	134	7	134		134	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)				\$ 6,771	\$ 436		\$ 436	\$	\$ 687	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	\$ 9,350	\$ 718	\$ 718	\$	5	\$ 718	18
19	Vehicles	24,330		1,092	1,092	4	23,254	19
20	TOTAL (lines 18 and 19)	\$ 33,680	\$ 718	\$ 1,810	1,092		\$ 23,972	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	Section Not Applicable	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Foxes Grove S L Comm

Report Period Beginning: 07/01/2012 Ending: 06/30/2013

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Wood River Real Estate Holding Company

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	1987	46	7/01/08	\$ 722,678	4	Unlimited	3
4	Additions	1990	48	/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		94		\$ 722,678			7

8. Is movable equipment rental included in building rental?

☒ YES ☐ NO

9. Rental amount for movable equipment \$ Not Specified

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	Miscellaneous Interest Expense				/ /			/ /		202	4
5					/ /			/ /			5
6	Less: Interest Income Offset				/ /			/ /		-202	6
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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: Foxes Grove S L Comm

Report Period Beginning: 07/01/2012

Ending: 06/30/2013

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2013

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 152,179	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance <u>NONE</u>)	154,471		3
4	Supply Inventory (priced <u>Cost</u>)	6,926		4
5	Short-Term Investments			5
6	Prepaid Insurance	19,041		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	28,716		8
9	Other(specify): <u>Deposits</u>	234		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 361,567	\$	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	11,589		15
16	Equipment, at Historical Cost	26,402		16
17	Accumulated Depreciation (book methods)	(18,515)		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): <u>Deposits</u>	500		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 19,976	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 381,543	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 27,386	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	53,000		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	74,719		30
31	Accrued Taxes Payable	89,989		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	646		34
	Other Current Liabilities(specify):			
35	<u>Accrued Expenses</u>	9,489		35
36	<u>Accrued Rent</u>	51,629		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 306,858	\$	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)	\$ 306,858	\$	45
46	TOTAL EQUITY	\$ 74,685	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 381,543	\$	47

*(See instructions.)

Facility Name: Foxes Grove S L Comm

Report Period Beginning: 07/01/2012

Ending:

06/30/2013

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	\$ 2,384,532	1
2	Discounts and Allowances	14,724	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,399,256	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	1,800	8
9	Non-Resident Meals	4,887	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,687	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	13,111	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 13,111	14
	D. Other Revenue (specify):		
15	See Attachment	8,840	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,840	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,427,894	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	813,022	19
20	Health Care/ Personal Care	430,105	20
21	General Administration	426,590	21
	B. Capital Expense		
22	Ownership	793,850	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)	\$ 2,463,567	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (35,673)	29
30	Income Taxes	\$ 3,083	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (38,756)	31

Other Revenue
6/30/2013

<u>Description</u>	
Vendor Discount	\$ 1,379
Miscellaneous Income	2,803
Vending Income	76
Application Fee Income	2,100
Gain/Loss on Sale of Autos	2,482
	<u>\$ 8,840</u>

Foxes Grove Supportive Living Community
Attachment to Schedule VII
6/30/2012

Related Health Care Businesses:	City:
Bravo Care of Alton, Inc.	Alton, IL
Bravo Care of East Peoria, Inc.	East Peoria, IL
Bravo Care of Edwardsville, Inc.	Edwardsville, IL
Bravo Care of Elgin, Inc.	Elgin, IL
Bravo Care of Galesburg, Inc.	Galesburg, IL
Bravo Care of Inverness, Inc.	Inverness, IL
Bravo Care of Joliet, Inc.	Joliet, IL
Bravo Care of Moline, Inc.	Moline, IL
Bravo Care of Northbrook, Inc.	Northbrook, IL
Bravo Care of Peoria, Inc.	Peoria, IL
Bravo Care of Rockford, Inc.	Rockford, IL
Bravo Care of St. Charles, Inc.	St. Charles, IL
Bravo Care of St. Louis, Inc.	St. Louis, MO

Other Related Businesses:	Type of Business:
Bravo Nursing Home Services, Inc.	Management Co.
Bravo Holding Company, Inc.	Holding Co.
Bravo Senior Living Services, Inc.	Building Services Co.
Bravo Team Health, Inc.	Human Resources Co.

Senior Living Services
Construction and Building Services Allocation
6/30/2013

	Per SLS T/B Base Fees	Pooled Line 2	Direct Line 2	Total Line 2	Pooled Line 10	Pooled Line 12	Pooled Line 13	Pooled Line 17
Alton	241,722.20	60,142.46	74,624.63	134,767.09	10,060.11	6,208.68	1,234.69	2,786.98
East Peoria	146,256.88	36,389.91	56,421.83	92,811.74	6,087.00	3,756.63	747.07	1,686.29
Edwardsville	120,406.60	29,958.14	32,324.45	62,282.59	5,011.15	3,092.67	615.02	1,388.25
Elgin	120,935.52	30,089.74	42,171.64	72,261.38	5,033.15	3,106.25	617.73	1,394.35
Galesburg	95,386.85	23,733.03	2,408.36	26,141.39	3,969.86	2,450.03	487.23	1,099.78
Inverness	166,389.93	41,399.17	43,365.05	84,764.22	6,924.90	4,273.76	849.90	1,918.42
Joliet	196,675.19	48,934.39	68,113.07	117,047.46	8,185.33	5,051.64	1,004.60	2,267.60
Moline	147,461.01	36,689.50	61,106.18	97,795.68	6,137.11	3,787.56	753.22	1,700.18
Northbrook	186,066.11	46,294.77	52,141.61	98,436.38	7,743.79	4,779.14	950.41	2,145.28
Peoria	229,019.35	56,981.88	85,794.72	142,776.60	9,531.44	5,882.40	1,169.81	2,640.52
Rockford	97,689.17	24,305.86	30,111.87	54,417.73	4,065.68	2,509.16	498.99	1,126.32
St. Charles	196,555.22	48,904.54	52,649.91	101,554.45	8,180.34	5,048.56	1,003.98	2,266.22
St. Louis	169,165.97	42,089.87	40,688.97	82,778.84	7,040.44	4,345.06	864.08	1,950.43
Swansea	131,203.04	32,644.39	1,613.73	34,258.12	5,460.48	3,369.97	670.17	1,512.73
Wood River	94,747.84	23,574.04	25,473.08	49,047.12	3,943.27	2,433.62	483.96	1,092.41
Other Co's	29,596.91	7,363.95	714.87	8,078.82	1,231.78	760.20	151.18	341.24
	2,369,277.79	589,495.64	669,723.97	1,259,219.61	98,605.83	60,855.33	12,102.04	27,317.00

Claims Administrative Services, LLC
Legal Fees Allocation
6/30/2013

	Per CAS T/B Total Revenue	Pooled Line 10	Direct Line 10	Total Line 10	Pooled Line 12
Alton	80,036.50	50,931.85	-	50,931.85	6,230.78
East Peoria	23,252.50	14,796.92	-	14,796.92	1,810.19
Edwardsville	16,698.00	10,625.89	12,232.15	22,858.04	1,299.93
Elgin	31,392.50	19,976.85	-	19,976.85	2,443.88
Galesburg	5,640.00	3,589.05	-	3,589.05	439.07
Inverness	25,345.00	16,128.49	6,151.20	22,279.69	1,973.09
Joliet	52,871.00	33,644.87	22,224.44	55,869.31	4,115.97
Moline	8,795.00	5,596.76	-	5,596.76	684.68
Northbrook	28,895.00	18,387.55	-	18,387.55	2,249.45
Peoria	12,587.50	8,010.14	-	8,010.14	979.93
Rockford	3,232.50	2,057.02	15,610.55	17,667.57	251.65
St. Charles	17,087.50	10,873.76	-	10,873.76	1,330.25
St. Louis	14,546.50	9,256.77	-	9,256.77	1,132.43
Swansea	12,823.50	8,160.34	-	8,160.34	998.30
Wood River	1,115.00	709.54	-	709.54	86.80
RCC Hold	138,477.50	88,121.23	-	88,121.23	10,780.37
MAS	27,952.50	17,787.78	-	17,787.78	2,176.08
Other	79,198.00	50,398.26	-	50,398.26	6,165.50
	579,946.00	369,053.07	56,218.34	425,271.41	45,148.35