

		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: 1000097

Facility Name: Glenhaven Gardens Alton

Address: 100 Glenhaven Drive Alton 62002

Number City Zip Code

County: Madison

Telephone Number: (618) 4621500 Fax # ()

Federal Employer ID Number:

Date Current Owners were Certified: 2008

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: Dave Underwood Telephone Number: ()

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 01/01/13 to 12/31/13 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) David M. Underwood

(Title) Sr. 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: 01/01/13 Ending: 12/31/13

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	33,580	1		
2		Double Unit Apartment			2		
3		Other			3		
4	92	TOTALS	92	33,580	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	16,201	16,323		32,524	5
6	Double Unit					6
7	Other					7
8	TOTALS	16,201	16,323		32,524	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.86%

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:

01/01/13

Ending:

12/31/13

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	253,094	218,178		471,272		471,272	1
2	Housekeeping, Laundry and Maintenance	101,322	67,694		169,016		169,016	2
3	Heat and Other Utilities			148,650	148,650		148,650	3
4	Other (specify):							4
5	TOTAL General Services	354,416	285,872	148,650	788,938		788,938	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	414,354	2,545		416,899		416,899	6
7	Activities and Social Services	38,723	9,198		47,921		47,921	7
8	Other (specify):			17,631	17,631		17,631	8
9	TOTAL Health Care and Programs	453,077	11,743	17,631	482,451		482,451	9
	C. General Administration							
10	Administrative and Clerical	195,808	10,445	204,526	410,779	(34,387)	376,392	10
11	Marketing Materials, Promotions and Advertising			58,843	58,843		58,843	11
12	Employee Benefits and Payroll Taxes			242,173	242,173		242,173	12
13	Insurance-Property, Liability and Malpractice			60,295	60,295		60,295	13
14	Other (specify):							14
15	TOTAL General Administration	195,808	10,445	565,837	772,090	(34,387)	737,703	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,003,301	308,060	732,118	2,043,479	(34,387)	2,009,092	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			390,672	390,672		390,672	17
18	Interest			382,832	382,832	(24,149)	358,683	18
19	Real Estate Taxes			59,945	59,945		59,945	19
20	Rent -- Facility and Grounds			64,726	64,726		64,726	20
21	Rent -- Equipment			1,782	1,782		1,782	21
22	Other (specify):							22
23	TOTAL Ownership			899,957	899,957	(24,149)	875,808	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,003,301	308,060	1,632,075	2,943,436	(58,536)	2,884,900	24

Facility Name: Glenhaven Gardens Alton

Report Period Beginning 01/01/13 Ending: 12/31/13

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.24	\$ 24.06	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12.59	10.72	3
4	Activity Director & Assistants	1.45	11.31	4
5	Social Service Workers	0.12	14.54	5
6	Head Cook			6
7	Cook Helpers/Assistants	11.68	10.07	7
8	Dishwashers			8
9	Maintenance Workers	0.98	18.31	9
10	Housekeepers	3.04	9.34	10
11	Laundry			11
12	Managers	1.96	26.13	12
13	Other Administrative	3.18	16.17	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	35.23	\$ 12.07	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	\$ 157,207	1
2			2
Total		\$ 157,207	3

Facility Name: Glenhaven Gardens Alton

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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	92				\$ 7,717,798	\$ 298,386		\$ 298,386	\$	1,671,212	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	Carpet & Installation			2013	7,334						11
12	Vinyl Plank Floor Installation			2013	8,481						12
13	Landscape Wall Construction			2013	11,250						13
14	Install Pressure Pump System			2013	33,147						14
15	Rooftop AC Evaporator & Coil			2013	9,445						15
16											16
17	TOTAL (lines 1 thru 16)				\$ 8,020,900	\$ 298,386		\$ 298,386	\$	1,671,212	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	\$ 1,114,202	\$ 92,286	\$ 92,286	\$		\$ 1,003,948	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,114,202	\$ 92,286	\$ 92,286	\$		\$ 1,003,948	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

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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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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	Illinois National Bank			Mortgage	/ /	\$	7,684,854	/ /		\$ 382,832	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	7,684,854			\$ 382,832	7
	B. Non-Facility Related										
8	Interest				/ /			/ /		-24,149	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	7,684,854			\$ 358,683	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: 01/01/13

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 228,276	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	365,405		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	35,504		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)	\$ 629,185	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	193,696		13
14	Buildings, at Historical Cost	7,827,201		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	1,114,202		16
17	Accumulated Depreciation (book methods)	(2,675,160)		17
18	Deferred Charges	378,892		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)	\$ 6,838,831	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,468,016	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 80,174	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	78,117		30
31	Accrued Taxes Payable	67,531		31
32	Accrued Interest Payable	27,858		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)	\$ 253,680	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,684,854		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)	\$ 7,684,854	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,938,534	\$	45
46	TOTAL EQUITY	\$ (470,518)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,468,016	\$	47

*(See instructions.)

Facility Name: Glenhaven Gardens Alton

Report Period Beginning: 01/01/13

Ending:

12/31/13

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	\$ 3,120,644	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,120,644	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	21,864	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 21,864	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	24,149	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 24,149	14
	D. Other Revenue (specify):		
15			15
16	Other	1,654	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,654	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,168,311	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	788,938	19
20	Health Care/ Personal Care	482,451	20
21	General Administration	772,090	21
	B. Capital Expense		
22	Ownership	899,957	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): Sales Tax	3,869	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,947,305	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 221,006	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 221,006	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	228,276						1,009	1,009	PETTY CASH 228,276
CASH IN BANK							1,100	1,100	ACCTS RECEI 398,405
CASH IN BANK-PAYROLL							1,101	1,101	ALLOW. FOR 1 -33,000
ACCOUNTS RECEIVABLE	365,405						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 INSU 35,504
A/R SUSPENSE-REFUNDS							1,220	1,220	OTHER PREPAID EXPENSES
ACCRUED INTEREST REC							1,300	1,300	DIETARY INVENTORY
PREPAID INSURANCE	35,504						1,310	1,310	SUPPLIES INVENTORY
OTHER PREPAID EXPENSES							1,320	1,320	LINEN INVENTORY
FOOD INVENTORY							1,409	1,409	LAND 193,696
SUPPLIES INVENTORY							1,450	1,450	FURNITURE & 1,114,202
LAND	193,696						1,460		-1,003,948
FURNITURE & EQUIPMENT	1,114,202						1,475	1,475	CODE ALERT 7,827,201
ACCUM DEPR-FURN & EQUIP	-1,003,948						1,490	1,490	ACCUM DEPR -1,671,212
BUILDING & IMPROVEMENT	7,827,201						1,530	1,530	RESIDENT FU 0
ACCUM DEPR-BUILDING	-1,671,212						1,550	1,550	LOAN FEES 378,892
RESIDENT FUNDS	0						1,551	1,551	LOAN FEES ADDED
LOAN FEES	378,892						1,850	1,850	INTERCOMPA 0
REAL ESTATE TAX ESCROW							2,010	2,010	ACCOUNTS PA -80,174
REIMBURSABLE PURCHASES							2,100	2,095	BONUSES PAYABLE
INTRACOMPANY	0						2,100	2,100	ACCRUED PA -45,029
ACCOUNTS PAYABLE	-80,174						2,100	2,100	PR CLEARING-BENEFITS
BONUSES PAYABLE							2,100	2,100	PR CLEARING-LABOR
ACCRUED PAYROLL	-45,029						2,110	2,110	ACCRUED PTO -28,768
ACCRUED VACATION PAY	-28,768						2,120	2,120	U.C. TAXES PAYABLE
UC TAXES PAYABLE							2,125	2,125	FICA TAXES F -4,320
FICA TAX PAYABLE	-4,320	-4,320					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

