

		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: 1000043

Facility Name: Prairie Living at Chautauqua

Address: 955 Villa Court Carbondale 62901

Number City Zip Code

County: Jackson

Telephone Number: 618-351-7955 Fax # 618-351-7955

Federal Employer ID Number: _____

Date Current Owners were Certified: 11-22-04

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☒	Partnership	☐	County
		☐	Corporation	☐	Other
IRS Exemption Code	_____		"Sub-S" Corp.	_____	
			Limited Liability Co.	_____	
			Trust		
			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 01/01/13 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 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 Prairie Living at Chautauqua 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	68	Single Unit Apartment	68	24,820	1
2	7	Double Unit Apartment	7	2,555	2
3		Other			3
4	75	TOTALS	75	27,375	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	18,117	2,787		20,904	5
6	Double Unit					6
7	Other					7
8	TOTALS	18,117	2,787		20,904	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 76.36%

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

146 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 2 (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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 2013 Fiscal Year: 2013

* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans
outstanding? YES If yes, did the facility make all of the
required payments of interest and principle? YES
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: Prairie Living at Chautauqua

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		113,940	887	114,827		114,827	1
2	Housekeeping, Laundry and Maintenance		12,372	41,268	53,640		53,640	2
3	Heat and Other Utilities			107,890	107,890	(8,331)	99,559	3
4	Other (specify):			4,662	4,662		4,662	4
5	TOTAL General Services		126,312	154,707	281,019	(8,331)	272,688	5
	B. Health Care and Programs							
6	Health Care/ Personal Care		2,155		2,155		2,155	6
7	Activities and Social Services		2,749		2,749		2,749	7
8	Other (specify):			982,171	982,171		982,171	8
9	TOTAL Health Care and Programs		4,904	982,171	987,075		987,075	9
	C. General Administration							
10	Administrative and Clerical		8,139	134,086	142,225	(11,390)	130,835	10
11	Marketing Materials, Promotions and Advertising		3,429	32,605	36,034		36,034	11
12	Employee Benefits and Payroll Taxes							12
13	Insurance-Property, Liability and Malpractice			19,862	19,862		19,862	13
14	Other (specify):							14
15	TOTAL General Administration		11,568	186,553	198,121	(11,390)	186,731	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)		142,784	1,323,431	1,466,215	(19,721)	1,446,494	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			286,248	286,248		286,248	17
18	Interest			265,355	265,355		265,355	18
19	Real Estate Taxes			60,128	60,128		60,128	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			61,066	61,066		61,066	22
23	TOTAL Ownership			672,797	672,797		672,797	23
24	GRAND TOTAL (Sum of lines 16 and 23)		142,784	1,996,228	2,139,012	(19,721)	2,119,291	24

Facility Name: **Prairie Living at Chautauqua**

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	1	\$ 19.68	1
2	Licensed Practical Nurses	0	10.37	2
3	Certified Nurse Assistants	19	7.54	3
4	Activity Director & Assistants	1	7.75	4
5	Social Service Workers			5
6	Head Cook	1	12.72	6
7	Cook Helpers/Assistants	12	6.66	7
8	Dishwashers			8
9	Maintenance Workers	1	5.31	9
10	Housekeepers	3	4.80	10
11	Laundry			11
12	Managers	0	28.97	12
13	Other Administrative	2	12.61	13
14	Clerical			14
15	Marketing	2	20.62	15
16	Other			16
17	Total (lines 1 thru 16)	42	\$	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
Prairie Living West	Carbondale

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	\$ 87,924	1
2			2
Total		\$ 87,924	3

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).

Facility Name: **Prairie Living at Chautauqua** Report Period Beginning: **01/01/13** Ending: **12/31/13**

VIII. OWNERSHIP COSTS

A. Purchase price of land 400,000 Year land was acquired 2003

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	75			2004	\$ 7,514,459	\$ 273,253	28	\$ 273,253	\$ 0	\$ 2,464,929	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS				89,246	5,430	15	5,950	520	55,967	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)				\$ 7,603,705	\$ 278,683		\$ 279,203	\$ 520	\$ 2,520,896	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	\$ 935,623	\$ 7,565	\$ 187125	179,560	5	\$ 919,574	18
19	Vehicles	44,552		8910.4	8,910	5	44,552	19
20	TOTAL (lines 18 and 19)	\$ 980,175	\$ 7,565	\$ 196,035	188,470		\$ 964,126	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: **Prairie Living at Chautauqua**

Report Period Beginning: **01/01/13**

Ending: **12/31/13**

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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	IHDA		X	FIRST MORTGAGE	12/1/03	\$ 4,438,000	\$ 4,141,435	5/1/45	0.0615	\$ 256,127	1
2	IHDA		X	SECOND MORTGAGE	12/1/03	702,032	544,432	6/1/38	0.0100	5,549	2
3	VILLA PARK INC		X	THIRD MORTGAGE	12/8/03	335,000	335,000	1/1/44	NONE		3
4	VILLA LAND TRUST		X	FOURTH MORTGAGE	1/31/03	110,000	68,379	12/31/23	0.0500	3,419	4
	Working Capital										
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,585,032	\$ 5,089,246			\$ 265,095	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,585,032	\$ 5,089,246			\$ 265,095	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.

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Facility Name: **Prairie Living at Chautauqua**Report Period Beginning: **01/01/13**

Ending:

12/31/13**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	\$ 48,958	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	422,817 (72,078)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	5,647		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 405,344	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	400,000		13
14	Buildings, at Historical Cost	7,514,459		14
15	Leasehold Improvements, at Historical Cost	89,246		15
16	Equipment, at Historical Cost	980,175		16
17	Accumulated Depreciation (book methods)	(3,485,022)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	315,447		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(164,555)		20
21	Restricted Funds	731,810		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,381,560	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,786,904	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 115,098	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	67,210		31
32	Accrued Interest Payable	6,268		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	189,353		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 377,929	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,089,248		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)	\$ 5,089,248	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,467,177	\$	45
46	TOTAL EQUITY	\$ 1,319,727	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,786,904	\$	47

*(See instructions.)

Facility Name: Prairie Living at Chautauqua

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	\$ 1,692,134	1
2	Discounts and Allowances	(2,848)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 1,689,285	3
	B. Other Operating Revenue		
4	Special Services	77,414	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	7,733	8
9	Non-Resident Meals	3,706	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 88,853	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	18,989	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 18,989	14
	D. Other Revenue (specify):		
15	Insurance Adjustments	8,845	15
16	Employee Donations	28	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 8,873	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 1,806,001	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	281,019	19
20	Health Care/ Personal Care	987,075	20
21	General Administration	198,121	21
	B. Capital Expense		
22	Ownership	672,797	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 2,139,012	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (333,011)	29
30	Income Taxes		30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (333,011)	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,224
Rubbish Removal	2,784
Vehicle Expense	
Transportation Service	654
Water Softener	
Misc Operating	
Total	4,662

C. General Administration - Other

Consulting	62
Legal	121
Accounting	105
Audit	12,940
Contract labor-Serv Prov	948,562
Bad Debt	20,380
Contract labor	
Total	982,170

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	20,856
Mortgage Service Fee	10,412
Partnership Management Fee	
Asset Management Fee	19,010
Incentive Manangement Fee	

Tax Credit Fee & Incentive Fee	1,700
Amortization Expense	8,892
Remarketing and Trustee Fee	
Property Damage Loss	196
Gain on Sale	
Total	61,066

Reclassifications and Adjustments

Heat & Other Utilities (8,331) Cable

Administrative and Clerical (11,390) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	43,185
Accrued Asset Mgmt Fee	55,377
Accrued Partnership Fee	46,627
Accrued Incentive Mgmt Fee	
Unclaimed Property	615
Unearned Revenue	21,325
Accrued MIP	22,224
Reservation Deposit	

Total Other Current Liabilities 189,353