

		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: 1000077

Facility Name: Prairie Winds of Urbana

Address: 1905 S Prairie Winds Urbana 61801

Number City Zip Code

County: Champaign

Telephone Number: 217-344-6400 Fax # 217-344-6444

Federal Employer ID Number: 20-1275813

Date Current Owners were Certified: 09/19/07

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) <u>David J. Mitchell</u>	
	(Title) <u>CFO, BMA Management, LTD</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) <u>()</u> _____ Fax # <u>()</u> _____	

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 Winds of Urbana**

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	93	Single Unit Apartment	93	33,945	1		
2		Double Unit Apartment			2		
3		Other			3		
4	93	TOTALS	93	33,945	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	20,223	13,361		33,584	5
6	Double Unit					6
7	Other					7
8	TOTALS	20,223	13,361		33,584	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	98.94%
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D. Indicate the number of paid bed-hold days the SLF had during this year

231 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)**

H. ACCOUNTING BASIS

ACCUAL	☒	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? 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: Prairie Winds of Urbana

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	245,123	177,704	4,227	427,054		427,054	1
2	Housekeeping, Laundry and Maintenance	94,506	23,125	69,396	187,027		187,027	2
3	Heat and Other Utilities			130,815	130,815	(23,861)	106,954	3
4	Other (specify):			13,708	13,708		13,708	4
5	TOTAL General Services	339,629	200,829	218,146	758,604	(23,861)	734,743	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	375,501	3,114		378,615		378,615	6
7	Activities and Social Services	26,482	7,188		33,670		33,670	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	401,983	10,302		412,285		412,285	9
	C. General Administration							
10	Administrative and Clerical	132,536	14,345	271,320	418,201	(19,070)	399,131	10
11	Marketing Materials, Promotions and Advertising	63,170	3,817	26,199	93,186		93,186	11
12	Employee Benefits and Payroll Taxes			197,504	197,504		197,504	12
13	Insurance-Property, Liability and Malpractice			39,134	39,134		39,134	13
14	Other (specify):			30,918	30,918		30,918	14
15	TOTAL General Administration	195,706	18,162	565,075	778,943	(19,070)	759,873	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	937,318	229,293	783,221	1,949,832	(42,931)	1,906,901	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			289,142	289,142		289,142	17
18	Interest			260,040	260,040		260,040	18
19	Real Estate Taxes			118,664	118,664		118,664	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			56,067	56,067		56,067	22
23	TOTAL Ownership			723,913	723,913		723,913	23
24	GRAND TOTAL (Sum of lines 16 and 23)	937,318	229,293	1,507,134	2,673,745	(42,931)	2,630,814	24

Facility Name: **Prairie Winds of Urbana**

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	\$ 27.53	1
2	Licensed Practical Nurses	1	20.52	2
3	Certified Nurse Assistants	13	10.49	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	13.00	5
6	Head Cook	1	21.55	6
7	Cook Helpers/Assistants	10	9.88	7
8	Dishwashers			8
9	Maintenance Workers	1	20.23	9
10	Housekeepers	3	8.97	10
11	Laundry			11
12	Managers	1	35.44	12
13	Other Administrative	2	16.39	13
14	Clerical			14
15	Marketing	1	26.71	15
16	Other			16
17	Total (lines 1 thru 16)	34	\$	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

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	\$ 176,967	1
2			2
Total		\$ 176,967	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).

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	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Units*		Year	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
			Acquired	Constructed		Depreciation	in Years	Depreciation		Depreciation	
1	93			2007	\$ 5,620,475	\$ 140,340	28	\$ 204,381	\$ 64,041	\$ 928,060	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS				797,432	39,872	15	53,162	13,290	265,811	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)				\$ 6,417,907	\$ 180,212		\$ 257,543	\$ 77,331	\$ 1,193,871	17

C. Equipment Depreciation -- Including Transportation.

	Type	1	2	3	4	5	6	
		Cost	Current Book	Straight Line	Adjustments	Life	Accumulated	
			Depreciation	Depreciation		in Years	Depreciation	
18	Movable Equipment	\$ 838,941	\$ 100,301	\$ 167788	67,487	5	\$ 644,682	18
19	Vehicles	60,414	8,631	12082.8	3,452	5	57,538	19
20	TOTAL (lines 18 and 19)	\$ 899,355	\$ 108,932	\$ 179,871	70,939		\$ 702,220	20

D. Depreciable Non-Care Assets Included in General Ledger.

	1	2	3	4	
	Description and Year Acquired	Cost	Current Book	Accumulated	
			Depreciation	Depreciation	
21		\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

Facility Name: Prairie Winds of Urbana

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	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	OPPENHEIMER		X	SECOND MORTGAGE	3/1/12	\$ 7,899,276	\$ 7,705,357	1/1/47	0.0335	\$ 260,040	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,899,276	\$ 7,705,357			\$ 260,040	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,899,276	\$ 7,705,357			\$ 260,040	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: **Prairie Winds of Urbana**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	\$ 854,803	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	383,954 (5,851)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	25,722		6
7	Other Prepaid Expenses	19,214		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,277,842	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	566,500		13
14	Buildings, at Historical Cost	5,620,475		14
15	Leasehold Improvements, at Historical Cost	797,432		15
16	Equipment, at Historical Cost	899,355		16
17	Accumulated Depreciation (book methods)	(1,896,091)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	158,028		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(18,901)		20
21	Restricted Funds	307,729		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,434,527	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,712,369	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 25,999	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	53,635		30
31	Accrued Taxes Payable	117,688		31
32	Accrued Interest Payable	21,511		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	59,010		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 277,843	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,705,356		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)	\$ 7,705,356	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,983,199	\$	45
46	TOTAL EQUITY	\$ (270,830)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,712,369	\$	47

*(See instructions.)

Facility Name: Prairie Winds of Urbana

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	\$ 3,395,004	1
2	Discounts and Allowances	(3,108)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,391,896	3
	B. Other Operating Revenue		
4	Special Services	109,496	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	20,920	8
9	Non-Resident Meals	10,613	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 141,030	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	19,105	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 19,105	14
	D. Other Revenue (specify):		
15	Insurance Adjustment	7,428	15
16	NSF/Reimbursemetns	6,564	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 13,992	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,566,022	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	758,604	19
20	Health Care/ Personal Care	412,285	20
21	General Administration	778,943	21
	B. Capital Expense		
22	Ownership	723,913	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)	\$ 2,673,745	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 892,277	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 892,277	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	975
Rubbish Removal	5,889
Vehicle Expense	6,844
Transportation Service	
Water Softener	
Misc Operating	
Total	13,708

C. General Administration - Other

Consulting	4,442
Legal	836
Accounting	215
Audit	19,180
Contract labor-Serv Prov	1,200
Bad Debt	5,045
Contract labor	
Total	30,918

D. Ownership

Letter of Credit	
Mortgage Insurance Premium	51,883
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	

Tax Credit Fee & Incentive Fee	
Amortization Expense	4,184
Remarketing and Trustee Fee	
Property Damage Loss	
Gain on Sale	
Total	56,067

Reclassifications and Adjustments

Heat & Other Utilities (23,861) Cable

Administrative and Clerical (19,070) Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	24,240
Accrued Vacation	21,674
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	1,307
Unearned Revenue	7,589
Accrued MIP	
Reservation Deposit	4,200
Total Other Current Liabilities	59,010