

		FOR BHF USE			

LL2

Supportive Living Facility
2014
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2014)

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: 1000147 Facility Name: <u>Prairie Green at Fays Point</u> Address: <u>1546 W Water Street</u> <u>Blue Island</u> <u>60406</u> <div style="display: flex; justify-content: space-around; width: 100%;"> Number City Zip Code </div> County: <u>Cook</u> Telephone Number: (<u>708</u>) <u>489-1503</u> Fax # <u>708 489-1506</u> Federal Employer ID Number: _____ Date Current Owners were Certified: <u>10/29/14</u> Type of Ownership: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> VOLUNTARY, NON-PROFIT <input type="checkbox"/> Charitable Corp. <input type="checkbox"/> Trust IRS Exemption Code _____ </div> <div> <input checked="" type="checkbox"/> PROPRIETARY <input type="checkbox"/> Individual <input type="checkbox"/> Partnership <input type="checkbox"/> Corporation <input type="checkbox"/> "Sub-S" Corp. <input checked="" type="checkbox"/> Limited Liability Co. <input type="checkbox"/> Trust <input type="checkbox"/> Other _____ </div> <div> <input type="checkbox"/> GOVERNMENTAL <input type="checkbox"/> State <input type="checkbox"/> County <input type="checkbox"/> Other _____ </div> </div>	
---	--

In the event there are further questions about this report, please contact:
Name: Leticia U Gonzalez **Telephone Number:** (312) 673-4360
Email Address: _____

Facility Name Prairie Green at Fays PointReport Period Beginning: 10/29/2014 Ending: 12/31/2014**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	120	Single Unit Apartment	120	7,680	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	7,680	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	716 #	269		1,254	5
6	Double Unit					6
7	Other					7
8	TOTALS	716	269		1,254	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 16.33%

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

ACCURAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/14 Fiscal Year: 12/31/14

* 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. _____

Facility Name: Prairie Green at Fays Point

Report Period Beginning:

10/29/2014

Ending:

12/31/2014

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	24,010	2,368	17,601	43,979		43,979	1
2	Housekeeping, Laundry and Maintenance	20,517		29,557	50,075		50,075	2
3	Heat and Other Utilities			16,093	16,093		16,093	3
4	Other (specify):							4
5	TOTAL General Services	44,527	2,368	63,252	110,147		110,147	5
B. Health Care and Programs								
6	Health Care/ Personal Care	60,324			60,324		60,324	6
7	Activities and Social Services	38,578		872	39,450		39,450	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	98,902		872	99,774		99,774	9
C. General Administration								
10	Administrative and Clerical	49,625	18,448	35,206	103,279		103,279	10
11	Marketing Materials, Promotions and Advertising	35,894		121,361	157,255		157,255	11
12	Employee Benefits and Payroll Taxes			63,277	63,277		63,277	12
13	Insurance-Property, Liability and Malpractice			21,868	21,868		21,868	13
14	Other (specify):							14
15	TOTAL General Administration	85,518	18,448	241,712	345,678		345,678	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	228,948	20,816	305,835	555,599		555,599	16
Capital Expenses								
D. Ownership								
17	Depreciation							17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,017	1,017		1,017	21
22	Other (specify):							22
23	TOTAL Ownership			1,017	1,017		1,017	23
24	GRAND TOTAL (Sum of lines 16 and 23)	228,948	20,816	306,852	556,616		556,616	24

Facility Name: **Prairie Green at Fays Point**Report Period Beginning **10/29/2014**

Ending:

12/31/2014**V. STAFFING AND SALARY COSTS (Please report each line separately.)**

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	3	23.11	2
3	Certified Nurse Assistants	5	9.97	3
4	Activity Director & Assistants	1	19.23	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1	10.52	7
8	Dishwashers			8
9	Maintenance Workers	0	10.50	9
10	Housekeepers	1	10.71	10
11	Laundry			11
12	Managers	4	30.32	12
13	Other Administrative	2	21.42	13
14	Clerical			14
15	Marketing	1	38.62	15
16	Other			16
17	Total (lines 1 thru 16)	17	\$	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**

<u>Name</u>	<u>1</u>	<u>City</u>	<u>2</u>
See Exhibit 4			

OTHER RELATED BUSINESS ENTITIES

<u>Name</u>	<u>3</u>	<u>City</u>	<u>4</u>	<u>Type of Business</u>	<u>5</u>

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		\$	1
2			2
Total		\$	3

Facility Name: Prairie Green at Fays Point

Report Period Beginning: 10/29/2014

Ending: 12/31/2014

VIII. OWNERSHIP COSTS

A. Purchase price of land 753,955 Year land was acquired 1/1/2014

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	120		2014	2014	\$ 16,420,017	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvement		2014	2014	2,500						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)				\$ 16,422,517	\$		\$	\$	\$	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	\$ 312,924	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 312,924	\$	\$	\$		\$	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 Green at Fays PointReport Period Beginning: 10/29/2014Ending: 2/31/2014**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	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			/ /	\$			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 \$

11,730

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					/ /				/ /				4		
5					/ /				/ /				5		
6					/ /				/ /				6		
7	TOTAL Facility Related					\$		\$			\$		7		
	B. Non-Facility Related														
8	IHDA		X	Home Loan	10/29/14	2,202,042		2,056,616	6/1/43	4.3000			8		
9	IHDA		X	Bonds	10/29/14	12,355,149		12,355,149	6/1/43	4.3000			9		
10	TOTALS (lines 7, 8 and 9)					\$	14,557,191	\$	14,411,765		\$		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 Green at Fays Point**Report Period Beginning: **10/29/2014**

Ending:

12/31/2014**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/2014**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 11,797	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	72,617		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	6,658		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)	\$ 91,072	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	753,955		13
14	Buildings, at Historical Cost	16,420,017		14
15	Leasehold Improvements, at Historical Cost	2,500		15
16	Equipment, at Historical Cost	312,924		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			21
22	Other Long-Term Assets (specify): Deposits	1,006,058		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 18,495,454	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,586,526	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 116,061	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	26,056		30
31	Accrued Taxes Payable	7,392		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	192		34
	Other Current Liabilities(specify):			
35	Accured Accounting Fees	(2,780)		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 146,921	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	14,411,765		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany Loan	2,543,929		42
43	Construction Loam	1,052,277		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 18,007,971	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 18,154,892	\$	45
46	TOTAL EQUITY	\$ 431,634	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,586,526	\$	47

*(See instructions.)

Facility Name: Prairie Green at Fays Point

Report Period Beginning: 10/29/2014

Ending:

12/31/2014

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

1			
	Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 100,511	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 100,511	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		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 100,511	18

2			
	Expenses	Amount	
	A. Operating Expenses		
19	General Services	110,147	19
20	Health Care/ Personal Care	99,774	20
21	General Administration	345,678	21
	B. Capital Expense		
22	Ownership	1,017	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses	1,000	24
25	Other (specify):		25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 557,616	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (457,105)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (457,105)	31

