

		FOR BHF USE			

LL2

Supportive Living Facility

2015

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2015)

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: 1000065

Facility Name: Plum Creek SLF

Address: 2801 W Algonquin Rd Rolling Meadows 60008

Number City Zip Code

County: Cook

Telephone Number: (847) 670-8080 Fax # (847) 368-1330

Federal Employer ID Number:

Date Current Owners were Certified: 10/23/06

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input checked="" type="checkbox"/>	Partnership	<input type="checkbox"/>	County
		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
IRS Exemption Code		<input type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2015 to 12/31/2015 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)	Reuel Crook	
	(Title)	Financial Director - Management Company	
Paid Preparer	(Signed)		(Date)
	(Print Name and Title)		
	(Firm Name & Address)		
	(Telephone)	()	Fax # ()

In the event there are further questions about this report, please contact:

Name: Reuel Crook / Sue McTague Telephone Number: (847) 670-8080

Email Address:

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

Report Period Beginning: 1/1/15 Ending: 12/31/15

A. Certified units; enter number of units and unit days

/ /

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ NO ☒

(E.g., day care, "meals on wheels", outpatient therapy)

ACCUAL		MODIFIED	
	<input checked="" type="checkbox"/>	CASH*	<input type="checkbox"/>
		CASH*	<input type="checkbox"/>

I. Is your fiscal year identical to your tax year? ☒ **Y** 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.

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **89.23%**

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

435 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **274 (Do not include bed-hold days in Section B.)**

STATE OF ILLINOIS

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Facility Name: Plum Creek SLF

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	241,620	248,075		489,695		489,695	1
2	Housekeeping, Laundry and Maintenance	62,333	14,188	66,445	142,966	(12,831)	130,135	2
3	Heat and Other Utilities			78,647	78,647		78,647	3
4	Other (specify):							4
5	TOTAL General Services	303,953	262,263	145,092	711,308	(12,831)	698,477	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	372,927	8,124		381,051		381,051	6
7	Activities and Social Services	29,852	17,006		46,858	(6,160)	40,698	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	402,779	25,130		427,909	(6,160)	421,749	9
	C. General Administration							
10	Administrative and Clerical	198,739	88,401		287,140		287,140	10
11	Marketing Materials, Promotions and Advertising	36,779	41,433		78,212		78,212	11
12	Employee Benefits and Payroll Taxes	79,582	23,683		103,265		103,265	12
13	Insurance-Property, Liability and Malpractice			146,672	146,672		146,672	13
14	Other (specify): Professional & Management Fees			275,256	275,256		275,256	14
15	TOTAL General Administration	315,100	153,517	421,928	890,545		890,545	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,021,832	440,910	567,020	2,029,762	(18,991)	2,010,771	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			491,282	491,282		491,282	17
18	Interest			686,237	686,237		686,237	18
19	Real Estate Taxes			100,000	100,000		100,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amortization of Prepaid Closing Costs			27,185	27,185		27,185	22
23	TOTAL Ownership			1,304,704	1,304,704		1,304,704	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,021,832	440,910	1,871,724	3,334,466	(18,991)	3,315,475	24

Facility Name: Plum Creek SLF

Report Period Beginning 1/1/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 25.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11	10.68	3
4	Activity Director & Assistants	1	15.00	4
5	Social Service Workers			5
6	Head Cook	1	18.00	6
7	Cook Helpers/Assistants	10	9.36	7
8	Dishwashers			8
9	Maintenance Workers	1	10.00	9
10	Housekeepers	2	8.25	10
11	Laundry			11
12	Managers	1	30.00	12
13	Other Administrative	3	31.50	13
14	Clerical	4	9.12	14
15	Marketing	1	17.50	15
16	Other			16
17	Total (lines 1 thru 16)	37	\$ 13.48	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? \$

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	Royal Care Management	\$ 227,500	1
2			2
Total		\$ 227,500	3

Facility Name: Plum Creek SLF

Report Period Beginning:

1/1/2015

Ending:

12/31/2015

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	102		2006	2006	\$ 12,602,734	\$ 458,828	40	\$ 315,068	\$ (143,760)	\$ 4,211,374	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2007	10,518	263	40	263			6
7	Building Improvement			2007	3,392	85	40	85			7
8	Building Improvement			2009	8,578	214	40	214			8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 12,625,222	\$ 459,390		\$ 315,630	\$ (143,760)	\$ 4,211,374	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	\$ 472,832	\$ 24,931	\$ 64,207	39,276	7	\$ 514,465	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 472,832	\$ 24,931	\$ 64,207	39,276		\$ 514,465	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: Plum Creek SLF

Report Period Beginning: 1/1/2015

Ending: 2/31/2015

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			X	Building Purchase / Remodel	4/1/06	\$ 11,600,000	\$ 10,365,000	12/1/37	0.0650	\$ 686,237	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,600,000	\$ 10,365,000			\$ 686,237	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,600,000	\$ 10,365,000			\$ 686,237	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: Plum Creek SLF

Report Period Beginning: 1/1/2015

Ending: 12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 221,098	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	230,362		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	7,328		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)	\$ 458,788	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	849,401		13
14	Buildings, at Historical Cost	12,508,851		14
15	Leasehold Improvements, at Historical Cost	129,195		15
16	Equipment, at Historical Cost	580,139		16
17	Accumulated Depreciation (book methods)	(4,789,929)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	815,538		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(265,051)		20
21	Restricted Funds	2,241,782		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,069,926	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 12,528,714	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 23,206	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	12,679		30
31	Accrued Taxes Payable	96,836		31
32	Accrued Interest Payable	56,142		32
33	Deferred Compensation			33
34	Federal and State Income Taxes	1,089		34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 189,952	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	10,365,000		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)	\$ 10,365,000	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 10,554,952	\$	45
46	TOTAL EQUITY	\$ 1,973,762	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 12,528,714	\$	47

*(See instructions.)

Facility Name: Plum Creek SLF

Report Period Beginning: 1/1/2015

Ending:

12/31/2015

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	\$ 3,369,815	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 3,369,815	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	462	9
10	Laundry		10
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$ 462	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	228	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 228	14
	D. Other Revenue (specify):		
15	Ancillary Telephone Service	21,929	15
16	Food Stamp Allowances	104,768	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 126,697	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,497,202	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	698,477	19
20	Health Care/ Personal Care	421,749	20
21	General Administration	890,545	21
	B. Capital Expense		
22	Ownership	1,304,704	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)	\$ 3,315,475	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 181,727	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 181,727	31