

		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: 1000147

Facility Name: Prairie Green at Fays Point

Address: 1546 W Water Street Blue Island 60406

Number City Zip Code

County: Cook

Telephone Number: (708) 489-1503 Fax # 708 489-1506

Federal Employer ID Number: _____

Date Current Owners were Certified: 10/29/14

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 type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code _____		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other _____
		<input checked="" type="checkbox"/>	"Sub-S" Corp.		_____
		<input type="checkbox"/>	Limited Liability Co.		_____
		<input type="checkbox"/>	Trust		_____
		<input type="checkbox"/>	Other		_____

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

Name: Leticia U Gonzalez Telephone Number: (312) 673-4360

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 1/1/15 to 12/31/15 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) Jeremy Zednick

(Title) VP of Accounting

Paid
Preparer

(Signed) _____ (Date) _____

(Print Name and Title) Chris Joos
Partner

(Firm Name & Address) Plante & Moran, PLLC
65 E. State Street, Suite 600 Columbus, Ohio 43215

(Telephone) (614) 849-3000 Fax (614) 221-3535

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 Green at Fays Point

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

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	<u>120</u>	Single Unit Apartment	<u>120</u>	<u>43,800</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>120</u>	TOTALS	<u>120</u>	<u>43,800</u>	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	<u>21,144</u>	<u>2,364</u>		<u>23,508</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>21,144</u>	<u>2,364</u>		<u>23,508</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 53.67%

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

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/15 Fiscal Year: 12/31/15

* 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

Page 3

Facility Name: Prairie Green at Fays Point

Report Period Beginning:

1/1/15

Ending:

12/31/15

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	253,167	21,265	148,204	422,636		422,636	1
2	Housekeeping, Laundry and Maintenance	140,904		82,616	223,520		223,520	2
3	Heat and Other Utilities			94,802	94,802		94,802	3
4	Other (specify): Waste Removal			6,632	6,632		6,632	4
5	TOTAL General Services	394,071	21,265	332,254	747,590		747,590	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	475,034	7,205	3,300	485,539		485,539	6
7	Activities and Social Services	71,673		21,711	93,384		93,384	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	546,707	7,205	25,011	578,923		578,923	9
	C. General Administration							
10	Administrative and Clerical	167,624	34,646	311,637	513,907	(409)	513,498	10
11	Marketing Materials, Promotions and Advertising	174,395		134,638	309,033		309,033	11
12	Employee Benefits and Payroll Taxes			219,963	219,963		219,963	12
13	Insurance-Property, Liability and Malpractice			69,921	69,921		69,921	13
14	Other (specify): Bad Debt, Contributions, & Misc Exp			159,375	159,375	(159,375)		14
15	TOTAL General Administration	342,019	34,646	895,534	1,272,199	(159,784)	1,112,415	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,282,797	63,116	1,252,799	2,598,712	(159,784)	2,438,928	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			691,483	691,483	(6,662)	684,821	17
18	Interest			808,078	808,078	6,662	814,740	18
19	Real Estate Taxes			56,383	56,383		56,383	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			10,387	10,387		10,387	21
22	Other (specify):							22
23	TOTAL Ownership			1,566,331	1,566,331		1,566,331	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,282,797	63,116	2,819,130	4,165,043	(159,784)	4,005,259	24

Facility Name: **Prairie Green at Fays Point**

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

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	4	24.94	2
3	Certified Nurse Assistants	11	10.32	3
4	Activity Director & Assistants	1	17.70	4
5	Social Service Workers			5
6	Head Cook	1	13.46	6
7	Cook Helpers/Assistants	1	12.87	7
8	Dishwashers			8
9	Maintenance Workers	2	11.84	9
10	Housekeepers	2	11.06	10
11	Laundry			11
12	Managers	4	28.45	12
13	Other Administrative			13
14	Clerical	2	10.48	14
15	Marketing	2	23.83	15
16	Other	4	9.00	16
17	Total (lines 1 thru 16)	35	\$	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
See Exhibit 4			

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		\$	1
2			2
Total		\$	3

Facility Name: Prairie Green at Fays Point

Report Period Beginning:

1/1/15

Ending:

12/31/15

VIII. OWNERSHIP COSTS

A. Purchase price of land 756,455 Year land was acquired 1/1/14

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	\$ 16,509,487	\$ 599,680	27	\$ 599,680	\$	\$ 933,748	1
2											2
3											3
4											4
5											5
	Improvement Type										
6											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)				\$ 16,509,487	\$ 599,680		\$ 599,680	\$	\$ 933,748	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	\$ 401,728	\$ 91,803	\$ 91,803	\$	5-7	\$ 138,770	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 401,728	\$ 91,803	\$ 91,803	\$		\$ 138,770	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 Point

Report Period Beginning: 1/1/15

Ending: 12/31/15

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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 \$ 10,387

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	3,488,035	6/1/43	4.3000	159,549	8		
9	IHDA		X	Bonds	10/29/14	12,355,149	14,178,013	6/1/43	4.3000	648,529	9		
10	TOTALS (lines 7, 8 and 9)					\$	14,557,191	\$	17,666,048		\$	808,078	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.

STATE OF ILLINOIS

Page 7

Facility Name: **Prairie Green at Fays Point**Report Period Beginning: **1/1/15**

Ending:

12/31/15**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/15**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 600,187	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	1,181,195 (138,354)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	(4,452)		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)	\$ 1,638,576	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	756,455		13
14	Buildings, at Historical Cost	16,509,487		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	401,728		16
17	Accumulated Depreciation (book methods)	(1,072,518)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	720,555		21
22	Other Long-Term Assets (specify): Deposits	1,013,689		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 18,329,396	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 19,967,972	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 92,026	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	72,286		30
31	Accrued Taxes Payable	81,184		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	17,572		34
	Other Current Liabilities(specify):			
35	Accrued processing fees	78		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 263,146	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	17,666,048		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany Loan	2,167,491		42
43	Deferred Revenue	12,669		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 19,846,208	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 20,109,354	\$	45
46	TOTAL EQUITY	\$ (141,382)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 19,967,972	\$	47

*(See instructions.)

Facility Name: **Prairie Green at Fays Point**Report Period Beginning: **1/1/15**

Ending:

12/31/15**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	\$ 2,451,596	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,451,596	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	85,056	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)	\$ 85,056	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)	\$ 2,536,652	18

	Expenses	Amount	
	A. Operating Expenses		
19	General Services	747,590	19
20	Health Care/ Personal Care	578,923	20
21	General Administration	1,112,415	21
	B. Capital Expense		
22	Ownership	1,566,331	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify): Non-Allowable Cost	159,784	25
26			26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 4,165,043	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (1,628,391)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (1,628,391)	31

Blue Island SLF, LLC
Automobile Schedule
2015

Year	Make	Model	Lease Costs	
2014	Ford	E350/KSIR 230	\$	19,998.72

Blue Island SLF LLC
12/31/2015
Non Allowable Cost Adjustments and Reclasses

NON ALLOWABLE COST ADJUSTMENTS

TB Acct	Client Acct	Description	Amount	Part IV Line
9765.00	5790350000	Bad Debt Expense	138,354.00	IS 14.3
9760.00	5565350000	Charitable Contributions	1,500.00	IS 14.3
7630.00	5665350000	Meetings & Conferences - Administratio	409.39	IS 10.3
9754.20	5555344000	Gift Shop Expense	34.74	IS 14.3
9729.20	5890350000	Miscellaneous Expense	3,003.74	IS 14.3
9729.20	5905346000	Grand Opening	17,596.38	IS 14.3
9729.20	5915346000	Special Events (Off-Site)	5.44	IS 14.3
9729.20	AJE2A	Misc Expense Offset	(1,298.24)	IS 14.3
9730.00	5771350000	Penalties	179.07	IS 14.3
			159,784.52	

RECLASSES

Reclass Amortization of financing costs

Beginning Accum	-	
Ending Accum	(6,662.00)	
	(6,662.00)	Reclass from Section IV 17 to 18

Blue Island SLF, LLC
Related Party Schedule
2015

Service	Cost on pg 3	Cost to Related Party	Adjustment
Management Services	163,896.00	163,896.00	-