

		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: 1000106

Facility Name: WOODRIDGE SL RESID GALESBURG

Address: 261 NORTH LINWOOD RD GALESBURG 61401

Number City Zip Code

County: KNOX

Telephone Number: ( 847 ) 679-8219 Fax # ( 847 ) 679-7377

Federal Employer ID Number:

Date Current Owners were Certified: 10/15/2008

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 type="checkbox"/> "Sub-S" Corp.	
	<input checked="" 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: Telephone Number: ( )

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 01/01/2015 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) MARSHALL MAUER

(Title) TREASURER

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**                      **WOODRIDGE SL RESID GALESBURG**

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

### 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	51	Single Unit Apartment	51	18,615	1		
2	9	Double Unit Apartment	9	3,285	2		
3		Other			3		
4	60	TOTALS	60	21,900	4		

**B. Census-For the entire report period.**

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
Resident Days by Unit and Primary Source of Payment						
5	Single Unit	7,172	12,404		19,576	5
6	Double Unit	23	721		744	6
7	Other					7
8	TOTALS	7,195	13,125		20,320	8

**C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)** 92.79%

**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

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

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

## STATE OF ILLINOIS

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Facility Name: WOODRIDGE SL RESID GALESBURG

Report Period Beginning:

01/01/2015

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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	142,206	142,427	1,970	286,603		286,603	1
2	Housekeeping, Laundry and Maintenance	85,311	38,281	11,300	134,892		134,892	2
3	Heat and Other Utilities			51,790	51,790	3,042	54,832	3
4	Other (specify):							4
5	<b>TOTAL General Services</b>	227,517	180,708	65,060	473,285	3,042	476,327	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	341,495	3,812	1,000	346,307		346,307	6
7	Activities and Social Services	21,493	5,546		27,039		27,039	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	362,988	9,358	1,000	373,346		373,346	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	57,685	4,561	123,690	185,936	13,488	199,424	10
11	Marketing Materials, Promotions and Advertising			5,222	5,222		5,222	11
12	Employee Benefits and Payroll Taxes			124,821	124,821		124,821	12
13	Insurance-Property, Liability and Malpractice			16,276	16,276	6,482	22,758	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	57,685	4,561	270,009	332,255	19,970	352,225	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	648,190	194,627	336,069	1,178,886	23,012	1,201,898	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			6,595	6,595	155,283	161,878	17
18	Interest			373	373	185,954	186,327	18
19	Real Estate Taxes					64,388	64,388	19
20	Rent -- Facility and Grounds			420,000	420,000	(420,000)		20
21	Rent -- Equipment			8,856	8,856		8,856	21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			435,824	435,824	(14,375)	421,449	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	648,190	194,627	771,893	1,614,710	8,637	1,623,347	24

Facility Name: WOODRIDGE SL RESID GALESBURG

Report Period Beginning 01/01/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	3	17.66	2
3	Certified Nurse Assistants	15	9.72	3
4	Activity Director & Assistants	1	13.25	4
5	Social Service Workers			5
6	Head Cook	2	10.30	6
7	Cook Helpers/Assistants	6	9.72	7
8	Dishwashers			8
9	Maintenance Workers	1	13.42	9
10	Housekeepers	3	9.81	10
11	Laundry			11
12	Managers	1	23.65	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	32	\$	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
WOODRIDGE OF GENESEO	GENESEO
WOODRIDGE OF PONTIAC	PONTIAC

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
SCHEDULE ATTACHED		SCHEDULE ATTACHED

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: DYNAMIC HEALTHCARE CONSULTANTS If yes, what is the value of those services? \$ 55,315

(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	NA			\$	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: WOODRIDGE SL RESID GALESBURG

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

**VIII. OWNERSHIP COSTS**

A. Purchase price of land 89,000 Year land was acquired 2006

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	60		2008	2008	\$ 4,270,281	\$ 155,283	27.5	\$ 155,283	\$	\$ 1,115,336	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	WATERSOFTENER			2009	9,217	335	27.5	335		2,164	6
7	SIDEWALK REPAIR			2010	3,300	120	27.5	120		655	7
8	CARPETING			2010	3,268	119	27.5	119		649	8
9	FURNACE REPAIRS			2012	706	26	27.5	26		102	9
10	CARPETING			2012	6,195	225	27.5	225		684	10
11	REPLACED CAMERAS & DVR			2013	4,982	181	27.5	181		467	11
12	OFFSET SUPPLY TRAP			2013	2,126	77	27.5	77		160	12
13	NURSE CALL, PENDANT, WIRELESS CONNECTION			2014	18,640	678	27.5	678		859	13
14	REPAIR LEAK, INSTALL RECIRCULATING PUMP			2014	6,505	237	27.5	237		426	14
15	ROOF WORK			2014	1,522	55	27.5	55		60	15
16	DOOR			2015	2,025	12	28	12		12	16
17	TOTAL (lines 1 thru 16)				\$ 4,328,767	\$ 157,348		\$ 157,348	\$	\$ 1,121,574	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	\$ 268,185	\$ 5,285	\$ 26,818	21,533	10 YRS	\$ 143,650	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 268,185	\$ 5,285	\$ 26,818	21,533		\$ 143,650	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: WOODRIDGE SL RESID GALESBURG

Report Period Beginning: 01/01/2015 Ending: 2/31/2015

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: NA

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	HEARTLAND BANK		X	MORTGAGE	4/9/14	\$ 4,743,200	\$ 4,609,382	5/1/44	4.0000	\$ 185,954	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4			X	INSURANCE FINANCING	/ /			/ /		373	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,743,200	\$ 4,609,382			\$ 186,327	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,743,200	\$ 4,609,382			\$ 186,327	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

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Facility Name: WOODRIDGE SL RESID GALESBURG

Report Period Beginning: 01/01/2015

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*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 6,575	\$ 23,113	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	129,218	129,218	3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,745	35,729	6
7	Other Prepaid Expenses	381	381	7
8	Accounts Receivable (owners or related parties)	655,229	665,245	8
9	Other(specify): <u>ESCROWS</u>		147,201	9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 813,148	\$ 1,000,887	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		89,000	13
14	Buildings, at Historical Cost		4,270,281	14
15	Leasehold Improvements, at Historical Cost	58,487	58,487	15
16	Equipment, at Historical Cost	51,083	268,184	16
17	Accumulated Depreciation (book methods)	(44,918)	(1,377,355)	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):			22
23	Other(specify): <u>DEFERRED LOAN COSTS NET</u>		107,640	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 64,652	\$ 3,416,237	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 877,800	\$ 4,417,124	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 66,310	\$ 77,710	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,685	30,685	30
31	Accrued Taxes Payable	3,287	67,287	31
32	Accrued Interest Payable		15,365	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 100,282	\$ 191,047	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable		4,609,382	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$	\$ 4,609,382	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 100,282	\$ 4,800,429	45
46	<b>TOTAL EQUITY</b>	\$ 777,518	\$ (383,305)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 877,800	\$ 4,417,124	47

\*(See instructions.)

Facility Name: WOODRIDGE SL RESID GALESBURG

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

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

	Revenue	Amount	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 1,920,268	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care</b> (line 1 minus line 2)	\$ 1,920,268	3
	<b>B. Other Operating Revenue</b>		
4	Special Services		4
5	Other Health Care Services	1,245	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	<b>SUBTOTAL OTHER OPERATING REVENUE</b> (sum of lines 4 thru 10)	\$ 1,245	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	34	13
14	<b>SUBTOTAL Non-Operating Revenue</b> (sum of lines 12 and 13)	\$ 34	14
	<b>D. Other Revenue (specify):</b>		
15	FOOD STAMPS	21,993	15
16			16
17	<b>SUBTOTAL Other Revenue</b> (sum of lines 15 and 16)	\$ 21,993	17
18	<b>TOTAL REVENUE</b> (sum of lines 3, 11, 14 and 17)	\$ 1,943,540	18

	Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	473,285	19
20	Health Care/ Personal Care	373,346	20
21	General Administration	332,255	21
	<b>B. Capital Expense</b>		
22	Ownership	435,824	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	<b>PRIOR ADJUSTMENT</b>	2,036	26
27			27
28	<b>TOTAL EXPENSES</b> (sum of lines 19 thru 27)	\$ 1,616,746	28
29	<b>Income Before Income Taxes</b> (line 18 minus line 28)	\$ 326,794	29
30	<b>Income Taxes</b>	\$ 6,902	30
31	<b>NET INCOME OR LOSS FOR THE YEAR</b> (line 29 minus line 30)	\$ 319,892	31



WOODRIDGE OF GALESBURG  
12/31/2015

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	3,042
LINE 10	CABLE TV	(3,042)
LINE 14	CONTRIBUTIONS	(545)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	155,283
LINE 18	MORTGAGE INTEREST	185,954
LINE 19	REAL ESTATE TAXES	64,388
LINE 10	PROFESSIONAL FEES	17,075
LINE 13	PROPERTY INSURANCE	6,482
LINE 20	RENT	<u>(420,000)</u>
LINE 24	GRAND TOTAL	<u><u>8,637</u></u>

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES	62,750
	UTILITIES	177
	REPAIRS & MAINT	1,311
	EMP BEN-GEN SERV	38
	PROFESSIONAL FES	508
	DUES & SUBSCRIPTIONS	467
	CLERICAL & GENERAL	15,243
	SEMINARS & TRAVEL	449
	AUTO EXP	371
	INSURANCE	523

EMP. BEN.-GEN. ADMIN.	2,315
DEPRECIATION	430
INTEREST	358
REAL ESTATE TAXES	671
REAL ESTATE TAXES PROTEST FEES	-
AUTO RENTAL	1,822
EQUIPMENT RENTAL	13
CLERICAL COMP	19,362
CLERICAL BENEFITS	11,257
	<u>55,315</u>
	<u><u>55,315</u></u>

WOODRIDGE OF GALESBURG  
RELATED HEALTHCARE ENTITIES

BRADLEY	BRADLEY
BRIDGEVIEW HEALTHCARE CENTER	BRIDGEVIEW
GROSSE POINT	NILES
OTTAWA PAVILION	OTTAWA
PARK RIDGE	PARK RIDGE
STERLING PAVILION	STERLING
WATERFRONT TERRACE	CHICAGO
WILLOW CREST	SANDWICH
WINDMILL NURSING PAVILION	SOUTH HOLLAND
WOODBIDGE	CHICAGO

OTHER RELATED BUSINESSES

DYNAMIC HEALTHCARE CONSULTANTS	SKOKIE	BOOKKEEPING COMPANY
SEASONS HOSPICE	PARK RIDGE	HOSPICE
GALESBURG NORTHWEST HOLDINGS		BUILDING CO.