

		FOR BHF USE			

LL2

Supportive Living Facility

2016

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2016)

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: 1000144

Facility Name: DEER PATH OF HUNTLEY

Address: 12500 REGENCY PKWY HUNTLEY 60142

County: KANE

Telephone Number: (847) 515-1800 Fax # 847 #VALUE!

Federal Employer ID Number:

Date Current Owners were Certified: 08/21/2013

Type of Ownership:

VOLUNTARY, NON-PROFIT Charitable Corp. Trust IRS Exemption Code

PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X Limited Liability Co. Trust Other

GOVERNMENTAL State County Other

In the event there are further questions about this report, please contact:
Name: Thomas Staszak Telephone Number: (815) 935-1992
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 01/01/2016 to 12/31/2016 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) David J. Mitchell
(Title) CFO, Gardant Management Solutions

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 **DEER PATH SLF, LLC**

Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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	128	Single Unit Apartment	128		46,848		1
2		Double Unit Apartment					2
3		Other					3
4	128	TOTALS	128		46,848		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	44,010	907		44,917	5
6	Double Unit					6
7	Other					7
8	TOTALS	44,010	907		44,917	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	95.88%
--	---------------

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

594 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **33** (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

X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES

NO

X

**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: 2016 **Fiscal Year:** 2016

* 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

Page 3

Facility Name: DEER PATH SLF, LLC

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

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	293,270	262,785	1,823	557,878		557,878	1
2	Housekeeping, Laundry and Maintenance	136,620	58,543	66,708	261,871		261,871	2
3	Heat and Other Utilities			202,178	202,178	(28,614)	173,564	3
4	Other (specify): See Page 3 Attachment			45,613	45,613		45,613	4
5	TOTAL General Services	429,890	321,328	316,322	1,067,540	(28,614)	1,038,926	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	812,513	20,332		832,845		832,845	6
7	Activities and Social Services	38,419	4,980		43,399		43,399	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	850,932	25,312		876,244		876,244	9
	C. General Administration							
10	Administrative and Clerical	238,078	42,421	342,672	623,171	(7,038)	616,133	10
11	Marketing Materials, Promotions and Advertising	57,645	13,162	36,088	106,895		106,895	11
12	Employee Benefits and Payroll Taxes			305,054	305,054		305,054	12
13	Insurance-Property, Liability and Malpractice			70,029	70,029		70,029	13
14	Other (specify): See Page 3 Attachment			144,230	144,230	(60,037)	84,193	14
15	TOTAL General Administration	295,723	55,583	898,073	1,249,379	(67,075)	1,182,304	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,576,545	402,223	1,214,395	3,193,163	(95,689)	3,097,474	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			579,208	579,208		579,208	17
18	Interest			1,281,854	1,281,854	(3,867)	1,277,987	18
19	Real Estate Taxes			112,050	112,050		112,050	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			12,953	12,953		12,953	21
22	Other (specify): See Page 3 Attachment			101,027	101,027	(3,983)	97,044	22
23	TOTAL Ownership			2,087,092	2,087,092	(7,850)	2,079,242	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,576,545	402,223	3,301,487	5,280,255	(103,539)	5,176,716	24

Facility Name: DEER PATH SLF, LLC

Report Period Beginning: 01/01/2016 Ending: 12/31/2016

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 1	1
2	Licensed Practical Nurses	2	23.27	2
3	Certified Nurse Assistants	26	11.62	3
4	Activity Director & Assistants	Inc line 12	Inc line 1	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12	9.56	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	4	9.28	10
11	Laundry			11
12	Managers	4	25.34	12
13	Other Administrative	7	18.57	13
14	Clerical	Inc line 13	Inc line 1	14
15	Marketing	Inc line 12	Inc line 1	15
16	Other			16
17	Total (lines 1 thru 16)	55	\$	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
ST. ANTHONY SLF, LLC	LANSING

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	Gardant Management Solutions	\$ 233,136	1
2			2
Total		\$ 233,136	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).

Facility Name: DEER PATH SLF, LLC

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,461,120 Year land was acquired 2012

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	128			2013	\$ 18,979,671	\$ 474,491	28	\$ 677,845	\$ 203,354	\$ 1,596,017	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				189,360	9,468	15	12,624	3,156	28,291	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)				\$ 19,169,031	\$ 483,959		\$ 690,469	\$ 206,510	\$ 1,624,308	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	\$ 952,483	\$ 95,247	\$ 190,497	95,249	5	\$ 318,350	18
19	Vehicles				\$		-	19
20	TOTAL (lines 18 and 19)	\$ 952,483	\$ 95,247	\$ 190,497	95,249		\$ 318,350	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: DEER PATH SLF, LLC

Report Period Beginning: 01/01/2016 Ending: 2/31/2016

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 \$

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	AMALGAMATED BANK OF			FIRST MORTGAGE	07/13/12	\$	19,730,000	\$	19,620,000	12/01/32	.0650	\$	1,281,854	1
2							-				.0000			2
3							-				.0000			3
4							-				.0000			
5							-				.0000			
	Working Capital													
6					/ /		-				.0000			4
7	TOTAL Facility Related						\$ 19,730,000	\$ 19,620,000				\$ 1,281,854	7	
	B. Non-Facility Related													
8					/ /				/ /					8
9					/ /				/ /					9
10	TOTALS (lines 7, 8 and 9)						\$ 19,730,000	\$ 19,620,000				\$ 1,281,854	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: DEER PATH SLF, LLC

Report Period Beginning: 01/01/2016

Ending: 12/31/2016

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2016

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 78,156	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (112,600))	1,635,041		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	20,572		6
7	Other Prepaid Expenses	3,301		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	29,960		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,767,029	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,461,120		13
14	Buildings, at Historical Cost	18,979,671		14
15	Leasehold Improvements, at Historical Cost	189,360		15
16	Equipment, at Historical Cost	952,483		16
17	Accumulated Depreciation (book methods)	(1,942,658)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	430,283		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(147,022)		20
21	Restricted Funds	1,618,278		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 21,541,516	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 23,308,545	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 188,579	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	129,304		31
32	Accrued Interest Payable	106,275		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,199,779		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,623,937	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	272,172		38
39	Mortgage Payable	18,943,190		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)	\$ 19,215,362	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 20,839,299	\$	45
46	TOTAL EQUITY	\$ 2,469,246	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 23,308,545	\$	47

*(See instructions.)

Facility Name: DEER PATH SLF, LLC

Report Period Beginning: 01/01/2016

Ending:

12/31/2016

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

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 4,644,987	1
2	Discounts and Allowances	(20,160)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,624,827	3
	B. Other Operating Revenue		
4	Special Services	158,372	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	1,855	8
9	Non-Resident Meals	113	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 160,340	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	3,867	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,867	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,764	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,764	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,793,798	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,067,540	19
20	Health Care/ Personal Care	876,244	20
21	General Administration	1,249,379	21
	B. Capital Expense		
22	Ownership	2,087,092	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)	\$ 5,280,255	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (486,457)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (486,457)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,079,340	32
33	Private Pay - Net Inpatient Revenue	1,545,487	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,624,827	37

Expenses PG 3 Other

[illegible]

Balance Sheet, PG 7 Other, See Attachment

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2111-0040-0-0	Construction Account Payable	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0100-0-0	Accrued Asset Management Fee	10,000
1102-9973-0-0	A/R-Insurance Reimbursemen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	-
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	-
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9976-0-0	A/R-Other	29,613	2112-0105-0-0	Accrued Liabilities	28,331
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1102-0006-0-0	Security Deposit-Equip & Util	346	2112-0115-0-0	Accrued Developer Fee	1,143,770
1105-0009-0-0	Transfer Account	-	2112-0130-0-0	Accrued MIP	-
1105-0012-0-0	Undeposited Funds	-	2112-0140-0-0	Accrued Vacation	-
			2112-0144-0-0	Payroll Union Dues	-
			2112-0146-0-0	Payroll Benefits	-
			2112-0150-0-0	Security Deposits	-
			2112-0154-0-0	Unclaimed Property	1,639
			2112-0155-0-0	Reservation Deposit	400
			2112-0156-0-0	Buy Down Credit	-
			2112-0157-0-0	Unapplied Last Month Rent	-
			2112-0158-0-0	Deferred Gain on Sale	-
			2112-0159-0-0	Unearned Revenue	15,640
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		29,960			1,199,779

Other Long Term Assets Detail		
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-

-

Income Statement PG 8 Other, See Attachment

Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	4,764
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		4,764