

		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: 1000026

Facility Name: EAGLE RIDGE SLF I

Address: 875 MCKINLEY AVENUE DECATUR 62526

County: MACON

Telephone Number: (217) 872-1282 Fax # 217 872-1227

Federal Employer ID Number:

Date Current Owners were Certified: 06/23/2003

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT

☐ Charitable Corp.

☐ Trust

IRS Exemption Code

☐ PROPRIETARY

☒ Partnership

☐ Corporation

☐ "Sub-S" Corp.

☐ 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)

(Type or Print Name) David J. Mitchell

(Title) CFO, Gardant Management Solutions

Paid Preparer

(Signed)

(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 EAGLE RIDGE OF DECATUR, L.P.

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	<u>76</u>	Single Unit Apartment	<u>76</u>	<u>27,816</u>	1
2		Double Unit Apartment			2
3		Other			3
4	<u>76</u>	TOTALS	<u>76</u>	<u>27,816</u>	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	<u>21,552</u>	<u>5,075</u>		<u>26,627</u>	5
6	Double Unit					6
7	Other					7
8	TOTALS	<u>21,552</u>	<u>5,075</u>		<u>26,627</u>	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.73%

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

263 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

ACCRAUAL ☒ 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? 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: **EAGLE RIDGE OF DECATUR, L.P.**

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	200,661	143,116	1,318	345,095		345,095	1
2	Housekeeping, Laundry and Maintenance	81,331	29,012	46,512	156,855		156,855	2
3	Heat and Other Utilities			104,148	104,148	(20,036)	84,112	3
4	Other (specify): See Page 3 Attachment			39,120	39,120		39,120	4
5	TOTAL General Services	281,992	172,128	191,098	645,218	(20,036)	625,182	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	406,942	10,022		416,964		416,964	6
7	Activities and Social Services	41,085	7,071		48,156		48,156	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	448,027	17,093		465,120		465,120	9
	C. General Administration							
10	Administrative and Clerical	191,679	28,324	216,237	436,240	(28,809)	407,431	10
11	Marketing Materials, Promotions and Advertising	68,285	4,916	36,189	109,390		109,390	11
12	Employee Benefits and Payroll Taxes			197,084	197,084		197,084	12
13	Insurance-Property, Liability and Malpractice			36,283	36,283		36,283	13
14	Other (specify): See Page 3 Attachment			244,984	244,984	(4,665)	240,319	14
15	TOTAL General Administration	259,964	33,240	730,777	1,023,981	(33,474)	990,507	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	989,983	222,461	921,874	2,134,318	(53,510)	2,080,808	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			260,835	260,835		260,835	17
18	Interest			272,019	272,019	(1,879)	270,140	18
19	Real Estate Taxes			65,114	65,114		65,114	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			5,195	5,195		5,195	21
22	Other (specify): See Page 3 Attachment			229,942	229,942		229,942	22
23	TOTAL Ownership			833,105	833,105	(1,879)	831,226	23
24	GRAND TOTAL (Sum of lines 16 and 23)	989,983	222,461	1,754,979	2,967,423	(55,389)	2,912,034	24

Facility Name: **EAGLE RIDGE OF DECATUR, L.P.**

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	1	21.44	2
3	Certified Nurse Assistants	14	10.57	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	8	9.59	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 1	9
10	Housekeepers	3	9.71	10
11	Laundry			11
12	Managers	3	21.91	12
13	Other Administrative	4	24.10	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)	33	\$	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
EAGLE RIDGE OF DECATUR II	DECATUR

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	\$ 140,688	1
2			2
Total		\$ 140,688	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: EAGLE RIDGE OF DECATUR, L.P.

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 181,886 Year land was acquired 2001

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	76			2003	\$ 6,012,399	\$ 218,634	28	\$ 218,633	\$ (1)	\$ 2,947,973	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				359,042	23,587	15	23,936	349	310,404	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)				\$ 6,371,441	\$ 242,221		\$ 242,569	\$ 348	\$ 3,258,378	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	\$ 637,464	\$ 14,540	\$ 127,493	112,953	5	\$ 626,995	18
19	Vehicles	35,373	4,075	7,075	3,000	5	33,338	19
20	TOTAL (lines 18 and 19)	\$ 672,836	\$ 18,615	\$ 134,567	115,953		\$ 660,333	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: EAGLE RIDGE OF DECATUR, L.P.

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	IHDA		X	FIRST MORTGAGE	11/01/02	\$ 5,041,000	\$ 4,467,172	02/01/44	.0605	\$ 272,019	1	
2					/ /	-		/ /	.0000		2	
3					/ /	-		/ /	.0000		3	
4					/ /	-		/ /	.0000			
5						-			.0000			
	Working Capital											
6					/ /	-		/ /	.0000		4	
7	TOTAL Facility Related					\$ 5,041,000	\$ 4,467,172				\$ 272,019	7
	B. Non-Facility Related											
8					/ /			/ /			8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$ 5,041,000	\$ 4,467,172				\$ 272,019	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: **EAGLE RIDGE OF DECATUR, L.P.**

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	\$ 51,222	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance (8,042))	607,660		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,320		6
7	Other Prepaid Expenses	8,071		7
8	Accounts Receivable (owners or related parties)	61,131		8
9	Other(specify): See Page 7 Attachment	7,017		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 749,421	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	181,886		13
14	Buildings, at Historical Cost	6,012,399		14
15	Leasehold Improvements, at Historical Cost	359,042		15
16	Equipment, at Historical Cost	672,836		16
17	Accumulated Depreciation (book methods)	(3,918,711)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	27,761		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(27,761)		20
21	Restricted Funds	1,014,383		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,321,835	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,071,257	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 170,838	\$	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	63,244		31
32	Accrued Interest Payable	22,522		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	407,749		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 664,353	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	4,382,935		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)	\$ 4,382,935	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,047,288	\$	45
46	TOTAL EQUITY	\$ 23,969	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,071,257	\$	47

*(See instructions.)

Facility Name: EAGLE RIDGE OF DECATUR, L.P.

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	\$ 2,732,388	1
2	Discounts and Allowances	(4,126)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,728,262	3
	B. Other Operating Revenue		
4	Special Services	110,789	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,338	8
9	Non-Resident Meals	4,170	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 125,297	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,879	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,879	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	331	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 331	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,855,769	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	645,218	19
20	Health Care/ Personal Care	465,120	20
21	General Administration	1,023,981	21
	B. Capital Expense		
22	Ownership	833,105	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)	\$ 2,967,423	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (111,654)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (111,654)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,199,461	32
33	Private Pay - Net Inpatient Revenue	1,528,801	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,728,262	37

Expenses PG 3 Other

[illegible]

Balance Sheet

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	19,000
1102-9973-0-0	A/R-Insurance Reimbursemen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	1,000
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	349,879
1102-9975-0-0	A/R-CIP	6,732	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9976-0-0	A/R-Other	285	2112-0105-0-0	Accrued Liabilities	22,551
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1102-0006-0-0	Security Deposit-Equip & Util	-	2112-0115-0-0	Accrued Developer Fee	-
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	97
			2112-0155-0-0	Reservation Deposit	-
			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	15,220
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		7,017			407,749

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		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	331
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	-
		331