

		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: 1000098 Facility Name: <u>WOODRIDGE SUPP LVG RESIDENCE</u> Address: <u>620 OLIVIA COURT</u> <u>GENESEO</u> <u>61254</u> NumberCityZip Code County: <u>HENRY</u> Telephone Number: (<u>847</u>) <u>679-8219</u> Fax # <u>847</u>) <u>679-7377</u> Federal Employer ID Number: _____ Date Current Owners were Certified: <u>07/02/2008</u> Type of Ownership: ☐ VOLUNTARY, NON-PROFIT ☐ Charitable Corp. ☐ Trust IRS Exemption Code _____ ☒ PROPRIETARY ☐ Individual ☐ Partnership ☐ Corporation ☐ "Sub-S" Corp. ☒ Limited Liability Co. ☐ Trust ☐ Other _____ ☐ GOVERNMENTAL ☐ State ☐ County ☐ 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 <u>01/01/2016</u> to <u>12/31/2016</u> 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) <u>MARSHALL MAUER</u> (Title) <u>TREASURER</u> Paid Preparer (Signed) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____				
In the event there are further questions about this report, please contact: Name: _____ Telephone Number: (<u> </u>) _____ 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				

Facility Name **WOODRIDGE SUPP LVG RESIDENCE**

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	50	Single Unit Apartment	50	18,300	1		
2	10	Double Unit Apartment	10	3,660	2		
3		Other		190	3		
4	60	TOTALS	60	22,150	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	5,041	15,696		20,737	5
6	Double Unit	63	127		190	6
7	Other					7
8	TOTALS	5,104	15,823		20,927	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.48%

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*	CASH*
	X		

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 SUPP LVG RESIDENCE

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	116,674	129,368	2,061	248,103		248,103	1
2	Housekeeping, Laundry and Maintenance	55,646	36,443	10,174	102,263		102,263	2
3	Heat and Other Utilities			78,445	78,445	1,162	79,607	3
4	Other (specify):							4
5	TOTAL General Services	172,320	165,811	90,680	428,811	1,162	429,973	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	308,871	1,115		309,986		309,986	6
7	Activities and Social Services	39,353	6,720		46,073		46,073	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	348,224	7,835		356,059		356,059	9
	C. General Administration							
10	Administrative and Clerical	110,291	8,000	114,435	232,726	13,168	245,894	10
11	Marketing Materials, Promotions and Advertising			16,108	16,108		16,108	11
12	Employee Benefits and Payroll Taxes			132,207	132,207		132,207	12
13	Insurance-Property, Liability and Malpractice			12,670	12,670	9,108	21,778	13
14	Other (specify):							14
15	TOTAL General Administration	110,291	8,000	275,420	393,711	22,276	415,987	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	630,835	181,646	366,100	1,178,581	23,438	1,202,019	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			8,986	8,986	105,435	114,421	17
18	Interest			466	466	157,313	157,779	18
19	Real Estate Taxes					47,602	47,602	19
20	Rent -- Facility and Grounds			360,000	360,000	(360,000)		20
21	Rent -- Equipment			16,625	16,625		16,625	21
22	Other (specify):							22
23	TOTAL Ownership			386,077	386,077	(49,650)	336,427	23
24	GRAND TOTAL (Sum of lines 16 and 23)	630,835	181,646	752,177	1,564,658	(26,212)	1,538,446	24

Facility Name: WOODRIDGE SUPP LVG RESIDENCE

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	1	\$ 21.34	1
2	Licensed Practical Nurses	1	15.52	2
3	Certified Nurse Assistants	12	9.96	3
4	Activity Director & Assistants	2	12.44	4
5	Social Service Workers			5
6	Head Cook	2	11.85	6
7	Cook Helpers/Assistants	5	9.34	7
8	Dishwashers			8
9	Maintenance Workers	1	16.25	9
10	Housekeepers	3	9.05	10
11	Laundry			11
12	Managers	1	26.50	12
13	Other Administrative			13
14	Clerical	1	17.80	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	29	\$	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 GALESBURG	GALESBURG

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	ESTHER MARYLES	0.0833	8.5	\$ 18,762	1
2					2
3					3
4					4
5					5
Total				\$ 18762	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 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: DYNAMIC HEALTHCARE CONSULTANTS If yes, what is the value of those services? \$ 58,039 (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).

OTHER RELATED BUSINESS ENTITIES		
Name 3	City 4	Type of Business 5
SEE ATTACHED		

Facility Name: WOODRIDGE SUPP LVG RESIDENCE

Report Period Beginning:

01/01/2016

Ending:

12/31/2016

VIII. OWNERSHIP COSTS

A. Purchase price of land 251,148 Year land was acquired 2007

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	\$ 4,064,630	\$ 105,435	39	\$ 105,435	\$	1,217,302	1
2											2
3											3
4	RELATED PARTY				7,245	186	35	207	21	4,830	4
5											5
	Improvement Type										
6	PLUMBING WORK			2010	2,938	107	27.5	107		655	6
7	DOOR			2011	1,925	70	27.5	70		394	7
8	CARPENTRY AND LABOR			2011	6,219	226	27.5	226		1,177	8
9	REPAIR WALLPAPER			2012	1,122	41	27.5	41		94	9
10	SIDEWALK			2012	11,344	378	15.0	378		7,751	10
11	LANDSCAPING			2013	4,553	304	15.0	304		937	11
12	WINDOW TREATMENTS/DECORATING			2013	5,463	199	27.5	199		662	12
13	DATA WIRING/DVR'S			2013	3,507	203	27.5	203		516	13
14	SPRINKLER REPAIRS, OFFSET TRAP SUPPLY			2013	3,620	57	27.5	57		345	14
15	NURSE CALL PAGERS,PENDANT,WIRELESS CONNE			2014	19,320	703	27.5	703		2,414	15
16	ALARM, WATER HEATER, SOFTENER, GRAVEL PAI			2015	23,371	907	27.5	907		1,453	16
17	TOTAL (lines 1 thru 16)				\$ 4,155,257	\$ 108,816		\$ 108,837	\$ 21	\$ 1,238,530	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	\$ 252,826	\$ 5,791	\$ 25,283	19,492	10	\$ 185,816	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 5,791	\$ 25,283	19,492		\$ 185,816	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 SUPP LVG RESIDENCE

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

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	\$ 4,089,500	\$	5/1/44	4.0000	\$ 157,313	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4			X	INSURANCE FINANCING	/ /			/ /		466	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,089,500	\$			\$ 157,779	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,089,500	\$			\$ 157,779	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: **WOODRIDGE SUPP LVG RESIDENCE**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	\$ 12,332	\$ 71,647	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	148,669	148,669	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	13,732	28,342	6
7	Other Prepaid Expenses	1,269	1,269	7
8	Accounts Receivable (owners or related parties)	193,642	308,642	8
9	Other(specify): ESCROWS		170,304	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 369,644	\$ 728,873	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		251,148	13
14	Buildings, at Historical Cost		4,064,630	14
15	Leasehold Improvements, at Historical Cost	83,381	83,381	15
16	Equipment, at Historical Cost	51,174	252,826	16
17	Accumulated Depreciation (book methods)	(53,723)	(1,148,600)	17
18	Deferred Charges		105,606	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): DEPOSITS	3,000	3,000	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 83,832	\$ 3,611,991	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 453,476	\$ 4,340,864	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 50,185	\$ 50,185	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	43,076	43,076	30
31	Accrued Taxes Payable	1,462	49,462	31
32	Accrued Interest Payable		12,991	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	DUE TO RELATED PARTY		470,402	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 94,723	\$ 626,116	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		3,897,407	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)	\$	\$ 3,897,407	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 94,723	\$ 4,523,523	45
46	TOTAL EQUITY	\$ 358,753	\$ (182,659)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 453,476	\$ 4,340,864	47

*(See instructions.)

Facility Name: WOODRIDGE SUPP LVG RESIDENCE

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	\$ 2,019,261	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,019,261	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	405	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	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 405	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	11	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 11	14
	D. Other Revenue (specify):		
15	FOOD STAMPS	12,363	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 12,363	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,032,040	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	428,811	19
20	Health Care/ Personal Care	356,059	20
21	General Administration	393,711	21
	B. Capital Expense		
22	Ownership	386,077	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	PRIOR PERIOD ADJ	2,050	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,566,708	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 465,332	29
30	Income Taxes	\$ 6,713	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 458,619	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 378,607	32
33	Private Pay - Net Inpatient Revenue	1,640,654	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,019,261	37

WOODRIDGE OF GENESEO
12/31/2016

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 3	CABLE TV	1,162
LINE 10	CABLE TV	(1,162)
LINE 14	CONTRIBUTION	(250)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	105,435
LINE 18	MORTGAGE INTEREST	157,313
LINE 19	REAL ESTATE TAXES	47,602
LINE 10	PROFESSIONAL FEES	14,580
LINE 13	PROPERTY INSURANCE	9,108
LINE 20	RENT	<u>(360,000)</u>
LINE 24	GRAND TOTAL	<u><u>(26,212)</u></u>

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES	75,000
	UTILITIES	173
	REPAIRS & MAINT	1,110
	EMP BEN-GEN SERV	36
	PROFESSIONAL FES	975
	DUES & SUBSCRIPTIONS	281
	CLERICAL & GENERAL	17,452
	SEMINARS & TRAVEL	324
	AUTO EXP	270
	INSURANCE	517
	EMP. BEN.-GEN. ADMIN.	2,922
	DEPRECIATION	468
	INTEREST	407
	REAL ESTATE TAXES	684
	REAL ESTATE TAXES PROTEST FEES	-
	AUTO RENTAL	1,967
	EQUIPMENT RENTAL	135
	CLERICAL COMP	18,762
	CLERICAL BENEFITS	<u>11,557</u>
		<u><u>58,039</u></u>

WOODRIDGE OF GENESEO
RELATED HEALTHCARE ENTITIES

BRADLEY
BRIDGEVIEW HEALTHCARE CENTER
GROSSE POINT
OTTAWA PAVILION
PARK RIDGE
STERLING PAVILION
WATERFRONT TERRACE
WILLOW CREST
WINDMILL NURSING PAVILION
WOODBIDGE

BRADLEY
BRIDGEVIEW
NILES
OTTAWA
PARK RIDGE
STERLING
CHICAGO
SANDWICH
SOUTH HOLLAND
CHICAGO

OTHER RELATED BUSINESSES

DYNAMIC HEALTHCARE CONSULTANTS
SEASONS HOSPICE
NORTHWEST ILLINOIS HOLDINGS

SKOKIE
PARK RIDGE

BOOKKEEPING COMPANY
HOSPICE
BUILDING CO.