

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

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: 1000005

Facility Name: Barton Senior Res of Chicago

Address: 1245 South Wood Chicago 60608

County: Cook

Telephone Number: (847) 441-8200 Fax # 847 441-0800

Federal Employer ID Number: 36-4257687

Date Current Owners were Certified: 1/1/2000

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

Officer or Administrator of Provider

(Signed)

3/21/2018

(Date)

(Type or Print Name) Anca Oviedo

(Title) Chief Financial Officer

Paid Preparer

(Signed)

(Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.

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

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

Name: Anca Oviedo Telephone Number: (847) 441-8200

Email Address: aoviedo@bartonhealthcare.org

Facility Name Barton Senior Res of Chicago Report Period Beginning: 01/01/17 Ending: 12/31/17

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	139	Single Unit Apartment	139	50,735	1
2	6	Double Unit Apartment	6	2,190	2
3		Other			3
4	145	TOTALS	145	52,925	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	8,007	223	31,229	39,459	5
6	Double Unit					6
7	Other					7
8	TOTALS	8,007	223	31,229	39,459	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 74.56%

D. Indicate the number of paid bed-hold days the SLF had during this year 708 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 151 (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: 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

Page 3

Facility Name: Barton Senior Res of Chicago

Report Period Beginning:

01/01/17

Ending:

12/31/17

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	367,326	297,660	3,005	667,991		667,991	1
2	Housekeeping, Laundry and Maintenance	205,217	25,205	136,328	366,750		366,750	2
3	Heat and Other Utilities			226,881	226,881		226,881	3
4	Other (specify):							4
5	TOTAL General Services	572,543	322,865	366,214	1,261,622		1,261,622	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	639,202	11,588		650,790		650,790	6
7	Activities and Social Services	161,868	5,269	3,230	170,367		170,367	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	801,070	16,857	3,230	821,157		821,157	9
	C. General Administration							
10	Administrative and Clerical	416,672	7,756	726,743	1,151,171		1,151,171	10
11	Marketing Materials, Promotions and Advertising			8,527	8,527		8,527	11
12	Employee Benefits and Payroll Taxes			301,356	301,356		301,356	12
13	Insurance-Property, Liability and Malpractice			100,032	100,032		100,032	13
14	Other (specify):							14
15	TOTAL General Administration	416,672	7,756	1,136,658	1,561,086		1,561,086	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,790,285	347,478	1,506,102	3,643,865		3,643,865	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			513,478	513,478	(44,982)	468,496	17
18	Interest			172,803	172,803		172,803	18
19	Real Estate Taxes			125,203	125,203		125,203	19
20	Rent -- Facility and Grounds			90,358	90,358		90,358	20
21	Rent -- Equipment			7,129	7,129		7,129	21
22	Other (specify): Loan Fees			37,922	37,922		37,922	22
23	TOTAL Ownership			946,893	946,893	(44,982)	901,911	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,790,285	347,478	2,452,995	4,590,758	(44,982)	4,545,776	24

Facility Name: Barton Senior Res of Chicago

Report Period Beginning 01/01/17 Ending: 12/31/17

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 40.12	1
2	Licensed Practical Nurses	4	26.22	2
3	Certified Nurse Assistants	11	12.03	3
4	Activity Director & Assistants	1	15.78	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12	11.12	7
8	Dishwashers			8
9	Maintenance Workers	1	24.54	9
10	Housekeepers	7	11.48	10
11	Laundry			11
12	Managers	1	56.12	12
13	Other Administrative	6	19.78	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	45	\$	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

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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Barton Management		Northfield, Illinois		Management	

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: Barton Senior Res of Chicago Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. OWNERSHIP COSTS

A. Purchase price of land Year land was acquired

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				2001	\$ 12,437,545	\$ 452,274	30	\$ 414,585	\$ (37,689)	\$ 7,594,251	1
2											2
3											3
4											4
5											5
	Improvement Type										
6		Building Improvement		2001	16,810	611	30	560	(51)	10,057	6
7		Building Improvement		2002	15,063	548	30	502	(46)	8,390	7
8		Building Improvement		2003	7,757	282	30	259	(23)	3,960	8
9		Building Improvement		2004	1,845	67	30	62	(5)	902	9
10		Building Improvement		2005	8,532	310	30	284	(26)	3,760	10
11		Building Improvement		2006	1,771		30			1,771	11
12		Building Improvement		2007	46,041	1,674	30	1,535	(139)	18,205	12
13		Building Improvement		2008	28,159	1,024	30	939	(85)	9,771	13
14		Building Improvement		2009	57,483	3,392	30	1,916	(1,476)	35,650	14
15		Building Improvement		2010	18,318	1,082	30	611	(471)	10,405	15
16		Building Improvement		2011	22,680	1,338	30	756	(582)	11,294	16
17	TOTAL (lines 1 thru 16)				\$ 12,662,004	\$ 462,602		\$ 422,009	\$ (40,593)	\$ 7,708,416	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: Barton Senior Res of Chicago Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. OWNERSHIP COSTS

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	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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Balance Forward				12,662,004	462,602	30	422,009	(40,593)	7,708,416	6
7	Building Improvement			2012	3,700	231	30	123	(108)	1,625	7
8	Building Improvement			2014	2,147	248	30	72	(176)	1,778	8
9	Building Improvement			2014	80,105	2,913	30	2,670	(243)	10,074	9
10	First Floor renovation			2015	156,741	5,700	30	5,225	(475)	14,249	10
11	Carpeting			2015	5,735	490	30	191	(299)	1,322	11
12	Parking Lot Seal Coat			2015	2,624	224	30	87	(137)	605	12
13	Tuckpointing			2015	2,500	214	30	83	(131)	576	13
14	Building Improvement			2015	5,700	487	30	190	(297)	1,314	14
15	Tuckpointing			2015	500	43	30	17	(26)	115	15
16	Carpeting			2016	4,588	436	30	153	(283)	665	16
17	TOTAL (lines 1 thru 16)				\$ 12,926,344	\$ 473,588		\$ 430,820	\$ (42,768)	\$ 7,740,739	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: Barton Senior Res of Chicago Report Period Beginning: 01/01/17 Ending: 12/31/17

VIII. OWNERSHIP COSTS

A. Purchase price of land Year land was acquired

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Balance Forward				12,926,344	473,588	30	430,820	(42,768)	7,740,739	6
7	HVAC			2016	43,740	4,155	30	1,458	(2,697)	6,344	7
8	Building Improvement			2016	29,051	1,056	30	968	(88)	1,409	8
9	Building Improvement			2017	4,500	225	30	150	(75)	225	9
10	Building Improvement			2017	62,000	3,875	30	2,067	(1,808)	3,875	10
11	Building Improvement			2017	13,283	415	30	443	28	415	11
12	Building Improvement										12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 13,078,918	\$ 483,314		\$ 435,906	\$ (47,408)	\$ 7,753,007	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	\$ 1,014,396	\$ 30,164	\$ 32,590	2,426	7	\$ 965,284	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,014,396	\$ 30,164	\$ 32,590	2,426		\$ 965,284	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: Barton Senior Res of Chicago

Report Period Beginning: 01/01/17

Ending: 12/31/17

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 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	Land Lease	1999		/ /	90,358	60	90	5
6				/ /				6
7	TOTAL				\$ 90,358			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	H.U.D.		x	Mortgage	12/20/12	\$ 7,808,400	\$ 7,054,422	1/1/48	2.4200	\$ 172,803	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,808,400	\$ 7,054,422			\$ 172,803	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,808,400	\$ 7,054,422			\$ 172,803	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: Barton Senior Res of Chicago

Report Period Beginning: 01/01/17

Ending:

12/31/17

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,879,094	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	732,384		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	26,084		6
7	Other Prepaid Expenses	8,041		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,645,603	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	12,437,546		14
15	Leasehold Improvements, at Historical Cost	641,377		15
16	Equipment, at Historical Cost	1,014,396		16
17	Accumulated Depreciation (book methods)	(8,718,291)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	201,987		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(28,855)		20
21	Restricted Funds	888,928		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,437,088	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 9,082,691	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 417,412	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	80,231		30
31	Accrued Taxes Payable	131,965		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 629,608	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,054,422		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)	\$ 7,054,422	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,684,030	\$	45
46	TOTAL EQUITY	\$ 1,398,661	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 9,082,691	\$	47

*(See instructions.)

Facility Name: Barton Senior Res of Chicago

Report Period Beginning: 01/01/17

Ending:

12/31/17

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	\$ 4,333,587	1
2	Discounts and Allowances		2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 4,333,587	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		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
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	5,815	13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$ 5,815	14
	D. Other Revenue (specify):		
15			15
16			16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 4,339,402	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,261,622	19
20	Health Care/ Personal Care	821,157	20
21	General Administration	1,561,086	21
	B. Capital Expense		
22	Ownership	946,893	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 4,590,758	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ (251,356)	29
30	Income Taxes	\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ (251,356)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,301,097	32
33	Private Pay - Net Inpatient Revenue	879,695	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)	152,795	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,333,587	37