

		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: 1000070

Facility Name: Brookstone Estates Harrisbrg

Address: 165 Ron Morse Drive Harrisburg 62946

County: Saline

Telephone Number: (618) 253-5870 Fax # ()

Federal Employer ID Number:

Date Current Owners were Certified: 06/01/15

Type of Ownership:

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

X 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: Anna Kobrzak Telephone Number: (312 673-4360 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 1/1/17 to 12/31/17 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) Steve Hippel
(Title) Chief Financial Officer

Paid Preparer

(Signed) (Date)
(Print Name and Title) Chris Joos Partner
(Firm Name & Address) Plante & Moran, PLLC 250 South High Street, Suite 100
(Telephone) (614) 222-9040 Fax (614) 221-3535

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 **Brookstone Estates Harrisbrg**

Report Period Beginning: 1/1/17 **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	39	Single Unit Apartment	39	14,235	1		
2	7	Double Unit Apartment	7	2,555	2		
3		Other			3		
4	46	TOTALS	46	16,790	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	7,904	4,753		12,657	5
6	Double Unit	365	1,978		2,343	6
7	Other					7
8	TOTALS	8,269	6,731		15,000	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	89.34%
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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: 12/31/17 **Fiscal Year:** 12/31/17

* 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: Brookstone Estates Harrisbrg

Report Period Beginning:

1/1/17

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					5	6	
1	Dietary and Food Purchase	45,870	82,387	3,427	131,684		131,684	1
2	Housekeeping, Laundry and Maintenance	29,402	42,999	2,879	75,280		75,280	2
3	Heat and Other Utilities			55,059	55,059		55,059	3
4	Other (specify):			1,501	1,501		1,501	4
5	TOTAL General Services	75,272	125,386	62,866	263,524		263,524	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	242,788	440	5,415	248,643		248,643	6
7	Activities and Social Services	10,554	10,979	202	21,735	(8,742)	12,993	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	253,342	11,419	5,617	270,378	(8,742)	261,636	9
	C. General Administration							
10	Administrative and Clerical	83,315	698	130,154	214,167		214,167	10
11	Marketing Materials, Promotions and Advertising		366	24,878	25,244		25,244	11
12	Employee Benefits and Payroll Taxes			69,146	69,146		69,146	12
13	Insurance-Property, Liability and Malpractice			27,728	27,728		27,728	13
14	Other (specify):			56,922	56,922	(56,922)		14
15	TOTAL General Administration	83,315	1,064	308,828	393,207	(56,922)	336,285	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	411,929	137,869	377,311	927,109	(65,664)	861,445	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			18,648	18,648		18,648	17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			688,712	688,712		688,712	20
21	Rent -- Equipment			10,625	10,625		10,625	21
22	Other (specify):							22
23	TOTAL Ownership			717,985	717,985		717,985	23
24	GRAND TOTAL (Sum of lines 16 and 23)	411,929	137,869	1,095,296	1,645,094	(65,664)	1,579,430	24

Facility Name: Brookstone Estates Harrisbrg

Report Period Beginning 1/1/17 Ending: 12/31/17

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1.00	\$ 21.97	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	8.00	10.52	3
4	Activity Director & Assistants	1.00	9.50	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3.00	9.40	7
8	Dishwashers			8
9	Maintenance Workers	1.00	11.50	9
10	Housekeepers	1.00	10.00	10
11	Laundry			11
12	Managers	2.00	16.00	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	17	\$	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	Senior Lifestyle Corporation	\$ 95,867	1
2			2
Total		\$ 95,867	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? \$

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: Brookstone Estates Harrisbrg Report Period Beginning: 1/1/17 Ending: 12/31/17

VIII. OWNERSHIP COSTS

A. Purchase price of land NA 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											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)				\$	\$		\$	\$	\$	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	\$ 106,416	\$ 18,648	\$ 18,648	\$	5-7	\$ 38,073	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 106,416	\$ 18,648	\$ 18,648	\$		\$ 38,073	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: Brookstone Estates Harrisbrg Report Period Beginning: 1/1/17 Ending: 12/31/17

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: WC-Harrisburg LLC

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*		8. Is movable equipment rental included in building rental? YES NO
3	Original Building	2005	46	06/01/15	\$ 688,712	5		3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL		46		\$ 688,712			7	

9. Rental amount for movable equipment \$ 10,625

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					/ /	\$	\$	/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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: Brookstone Estates Harrisbrg

Report Period Beginning: 1/1/17

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	\$ (1,378)	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	265,946 (65,857)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	24,054		6
7	Other Prepaid Expenses	4,606		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 227,371	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	106,416		16
17	Accumulated Depreciation (book methods)	(38,073)		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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 68,343	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 295,714	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 42,926	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	30,989		30
31	Accrued Taxes Payable	2,873		31
32	Accrued Interest Payable	16,583		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Other	293,284		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 386,655	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany	360,837		42
43	Deferred Revenues	12,527		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 373,364	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 760,019	\$	45
46	TOTAL EQUITY	\$ (464,305)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 295,714	\$	47

*(See instructions.)

Facility Name: Brookstone Estates Harrisbrg

Report Period Beginning: 1/1/17

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	\$ 1,516,482	1
2	Discounts and Allowances	(237)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,516,245	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
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	9	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 9	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,516,254	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	263,524	19
20	Health Care/ Personal Care	270,378	20
21	General Administration	393,207	21
	B. Capital Expense		
22	Ownership	717,985	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)	\$ 1,645,094	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (128,840)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (128,840)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 644,883	32
33	Private Pay - Net Inpatient Revenue	871,362	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,516,245	37

Brookstone Estates of Harrisburg
Adjustments
12/31/2017

CLIENT_ACT	DESC	DEBIT	TB Acct	IL Acct
5565350000	Charitable Contributions	450.00	9760.00	IS 14.3
5790350000	Bad Debt Expense	50331.95	9765.00	IS 14.3
5890350000	Miscellaneous Expense	3096.96	9729.20	IS 14.3
5545340000	Television Cost Expense	8742.24	7126.00	IS 7.2
5771350000	Penalties	11.79	9730.00	IS 14.3
5912346000	Special Events - Corp. Directive	3,031.14	9729.20	IS 14.3
		65,664.08		