

		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: 1000150

Facility Name: LACEY CREEK

Address: 4800 LACEY ROAD DOWNERS GROVE 60515

Number City Zip Code

County: DUPAGE

Telephone Number: (630) 964-7720 Fax # 630 964-4229

Federal Employer ID Number:

Date Current Owners were Certified: 8/23/2017

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☒	Limited Liability Co.		
		☐	Trust		
		☐	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 01/01/2017 to 12/31/2017 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)	Greg Echols	
Paid Preparer	(Title)	CFO, Gardant Management Solutions	
	(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

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	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	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	26,821	8,493		35,314	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,821	8,493		35,314	8

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

80.63%

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

843

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

41

(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

ACCRUAL

X

MODIFIED CASH*

CASH*

I. Is your fiscal year identical to your tax year?

X

YES

NO

Tax Year:

2017

Fiscal Year:

2017

* 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.

Facility Name: LACEY CREEK

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	267,100	185,253	1,799	454,152		454,152	1
2	Housekeeping, Laundry and Maintenance	100,461	21,039	39,164	160,664		160,664	2
3	Heat and Other Utilities			207,587	207,587	(18,748)	188,839	3
4	Other (specify): See Page 3 Attachment			11,538	11,538		11,538	4
5	TOTAL General Services	367,561	206,292	260,088	833,941	(18,748)	815,193	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	513,558	11,563		525,121		525,121	6
7	Activities and Social Services	36,004	11,104		47,108		47,108	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	549,562	22,667		572,229		572,229	9
	C. General Administration							
10	Administrative and Clerical	191,676	28,803	273,550	494,029	(26,879)	467,150	10
11	Marketing Materials, Promotions and Advertising	68,798	14,543	38,164	121,505		121,505	11
12	Employee Benefits and Payroll Taxes			237,496	237,496		237,496	12
13	Insurance-Property, Liability and Malpractice			64,493	64,493		64,493	13
14	Other (specify): See Page 3 Attachment			111,670	111,670	(26,411)	85,259	14
15	TOTAL General Administration	260,474	43,346	725,373	1,029,193	(53,290)	975,903	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,177,597	272,305	985,461	2,435,363	(72,038)	2,363,325	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			610,858	610,858		610,858	17
18	Interest			880,335	880,335	(2,874)	877,461	18
19	Real Estate Taxes			183,750	183,750		183,750	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			12,223	12,223		12,223	21
22	Other (specify): See Page 3 Attachment			60,042	60,042	(3,000)	57,042	22
23	TOTAL Ownership			1,747,208	1,747,208	(5,874)	1,741,334	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,177,597	272,305	2,732,669	4,182,571	(77,912)	4,104,659	24

Facility Name: LACEY CREEK

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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 12	1
2	Licensed Practical Nurses	1	25.51	2
3	Certified Nurse Assistants	14	12.37	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9	11.18	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	10.14	10
11	Laundry			11
12	Managers	5	25.35	12
13	Other Administrative	5	22.29	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	36	\$	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	Gardant Management Solutions	\$ 195,365	1
2			2
Total		\$ 195,365	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).

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

Facility Name: LACEY CREEK Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 2,168,346 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	120				\$ 19,756,540	\$ 493,160	40	\$ 493,913	\$ 753	\$ 575,545	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				1,748,622	87,432	20	87,431	(1)	102,004	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)				\$ 21,505,162	\$ 580,592		\$ 581,345	\$ 753	\$ 677,549	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	\$ 1,175,885	\$ 18,266	\$	(18,266)	10	\$ 35,172	18
19	Vehicles	59,990	12,000		(12,000)	5	13,000	19
20	TOTAL (lines 18 and 19)	\$ 1,235,874	\$ 30,266	\$	(30,266)		\$ 48,172	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: LACEY CREEK

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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				/ /				5
6				/ /				6
7	TOTAL				\$			7

8. Is movable equipment rental included in building rental? ☐ YES ☐ NO☐ 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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	Heartland Bank & Trust				12/30/2014	\$ 20,114,920	\$ 20,114,920	12/1/2032	5.6150	\$ 880,335	1
2	Heartland Bank & Trust				12/30/2014	835,080	835,080	12/1/2032	5.6150		2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 20,950,000	\$ 20,950,000			\$ 880,335	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 20,950,000	\$ 20,950,000			\$ 880,335	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: LACEY CREEK

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 108,491	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (24,752))	986,170		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,571		6
7	Other Prepaid Expenses	2,735		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	23,847		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,139,815	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	2,168,346		13
14	Buildings, at Historical Cost	19,756,540		14
15	Leasehold Improvements, at Historical Cost	1,748,622		15
16	Equipment, at Historical Cost	1,235,874		16
17	Accumulated Depreciation (book methods)	(725,721)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	73,913		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(7,391)		20
21	Restricted Funds	911,602		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):	(43)		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 25,161,742	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 26,301,557	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 48,565	\$	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	185,084		31
32	Accrued Interest Payable	103,607		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,712,582		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 2,049,839	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	242,852		38
39	Mortgage Payable	20,391,998		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	FMV of Derivative	1,573,700		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 22,208,550	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 24,258,389	\$	45
46	TOTAL EQUITY	\$ 2,043,168	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 26,301,557	\$	47

*(See instructions.)

Facility Name: LACEY CREEK

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	\$ 3,979,205	1
2	Discounts and Allowances	(4,666)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,974,539	3
	B. Other Operating Revenue		
4	Special Services	68,696	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	9,480	8
9	Non-Resident Meals	1,848	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 80,024	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,874	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,874	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	3,760	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,760	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,061,197	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	833,941	19
20	Health Care/ Personal Care	572,229	20
21	General Administration	1,029,193	21
	B. Capital Expense		
22	Ownership	1,747,208	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)	\$ 4,182,571	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (121,374)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (121,374)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,711,745	32
33	Private Pay - Net Inpatient Revenue	2,262,794	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,974,539	37

Expenses PG 3 Other

[illegible]

Balance Sheet PG 7 Other
Balance Sheet PG 7 Other, See Attachment

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	14,584	
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	17,807		2112-0105-0-0	Accrued Liabilities	64,713	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	6,040		2112-0115-0-0	Accrued Developer Fee	1,575,000	
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	-	
				2112-0155-0-0	Reservation Deposit	2,600	
				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	55,685	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			23,847				1,712,582
Other Long Term Assets Detail							
1201-0020-0-0	CIP	(43)					
1201-0021-0-0	CIP- Land Option Addition	-					
1201-0022-0-0	CIP- Other Addition	-					
			(43.20)				

Income Statement PG 8 Other

Income Statement PG 8 Other, See Attachment

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	3,760
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	-
		3,760