

		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: 1000109

Facility Name: PARK POINT SUPPORTIVE LIVING

Address: 1221 SOUTH EDGEWATER MORRIS 60450

County: GRUNDY

Telephone Number: (815) 416-6200 Fax # (815) 416-6201

Federal Employer ID Number: _____

Date Current Owners were Certified: 06/27/2013

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT Charitable Corp.
☐ Trust

☒ PROPRIETARY

☐ Individual
☐ Partnership
☐ Corporation
☒ "Sub-S" Corp.
☒ Limited Liability Co.
☐ Trust
☐ Other

☐ GOVERNMENTAL

☐ State
☐ County
☐ Other

IRS Exemption Code _____

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

Name: _____ Telephone Number: (_____)

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) MICHAEL STEIN

(Title) MANAGER

Paid Preparer

(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

Facility Name PARK POINT SUPPORTIVE LIVING

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

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	40	Single Unit Apartment	40	14,600	1
2	18	Double Unit Apartment	18	6,570	2
3		Other		1,511	3
4	58	TOTALS	58	22,681	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	7,030	13,428		20,458	5
6	Double Unit	504	1,007		1,511	6
7	Other					7
8	TOTALS	7,534	14,435		21,969	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 96.86%

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

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: PARK POINT SUPPORTIVE LIVING

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					5	6	
1	Dietary and Food Purchase	179,420	169,419	3,534	352,373		352,373	1
2	Housekeeping, Laundry and Maintenance	85,878	60,998	55,749	202,625		202,625	2
3	Heat and Other Utilities			45,632	45,632		45,632	3
4	Other (specify):			8,932	8,932		8,932	4
5	TOTAL General Services	265,298	230,417	113,847	609,562		609,562	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	271,723	6,905	41,835	320,463		320,463	6
7	Activities and Social Services	21,407		36,610	58,017		58,017	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	293,130	6,905	78,445	378,480		378,480	9
	C. General Administration							
10	Administrative and Clerical	250,963	20,496	147,857	419,316	8,500	427,816	10
11	Marketing Materials, Promotions and Advertising			43,718	43,718		43,718	11
12	Employee Benefits and Payroll Taxes			138,207	138,207		138,207	12
13	Insurance-Property, Liability and Malpractice			18,639	18,639	24,562	43,201	13
14	Other (specify):							14
15	TOTAL General Administration	250,963	20,496	348,421	619,880	33,062	652,942	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	809,391	257,818	540,713	1,607,922	33,062	1,640,984	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					115,167	115,167	17
18	Interest			4,158	4,158	244,440	248,598	18
19	Real Estate Taxes					77,936	77,936	19
20	Rent -- Facility and Grounds			549,838	549,838	(549,838)		20
21	Rent -- Equipment			11,002	11,002		11,002	21
22	Other (specify):							22
23	TOTAL Ownership			564,998	564,998	(112,295)	452,703	23
24	GRAND TOTAL (Sum of lines 16 and 23)	809,391	257,818	1,105,711	2,172,920	(79,233)	2,093,687	24

Facility Name: PARK POINT SUPPORTIVE LIVING

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	1.5	\$ 24.62	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	8.0	11.08	3
4	Activity Director & Assistants	1.0	11.50	4
5	Social Service Workers			5
6	Head Cook	1.0	20.43	6
7	Cook Helpers/Assistants	6.5	10.52	7
8	Dishwashers			8
9	Maintenance Workers	1.0	18.00	9
10	Housekeepers	1.5	9.00	10
11	Laundry			11
12	Managers	1.0	37.00	12
13	Other Administrative			13
14	Clerical	1.0	17.00	14
15	Marketing	1.0	26.00	15
16	Other			16
17	Total (lines 1 thru 16)	23.5	\$	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
THE POINTE AT KILPATRICK	CRESTWOOD
PONTIAC SUPPORTIVE LIVING	PONTIAC
CRYSTAL CREEK	MICHIGAN

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	NA			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	NA	\$ 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: 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: PARK POINT SUPPORTIVE LIVING

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 100,000 Year land was acquired 2013

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	58		2013	2009	\$ 2,674,498	\$	39	\$ 68,577	\$ 68,577	\$ 314,311	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	REROUTE GAS LINE			2014	8,799		39	225	225	752	6
7	ROOF NET OF INSURANCE			2014	35,130		39	901	901	3,013	7
8	LANDSCAPING			2015	10,204		15	680	680	1,700	8
9				2015	7,417		39	190	190	420	9
10	AC UNITS			2017	5,540		39	142	142	142	10
11	PLUMBING WORK			2017	16,175		39	415	415	415	11
12	FLOORING			2017	27,038		39	693	693	693	12
13											13
14						115,167			(115,167)		14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 2,784,801	\$ 115,167		\$ 71,823	\$ (43,344)	\$ 321,446	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	\$ 416,229	\$	\$ 41,623	41,623	10	\$ 192,121	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 416,229	\$	\$ 41,623	41,623		\$ 192,121	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: PARK POINT SUPPORTIVE LIVING

Report Period Beginning: 01/01/2017 Ending: 2/31/2017

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	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	CAMBRIDGE		X	MORTGAGE	7/1/14	\$ 6,560,000	\$ 6,238,288	/ /	3.8900	\$ 244,440	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	FIRST BANK		X	LINE OF CREDIT	/ /			/ /		4,158	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,560,000	\$ 6,238,288			\$ 248,598	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,560,000	\$ 6,238,288			\$ 248,598	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: **PARK POINT SUPPORTIVE LIVING**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	\$ 50,052	\$ 54,214	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	264,716	264,716	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		34,207	6
7	Other Prepaid Expenses	19,215	19,215	7
8	Accounts Receivable (owners or related parties)	544,600	544,600	8
9	Other(specify): ESCROWS		144,652	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 878,583	\$ 1,061,604	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		100,000	13
14	Buildings, at Historical Cost		2,784,802	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost		416,229	16
17	Accumulated Depreciation (book methods)		(626,946)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		133,882	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(13,386)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): GOODWILL NET		2,885,752	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 5,680,333	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 878,583	\$ 6,741,937	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	46,095	46,095	28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	25,878	25,878	30
31	Accrued Taxes Payable	2,840	80,808	31
32	Accrued Interest Payable		20,222	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)	\$ 74,813	\$ 173,003	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		6,238,288	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)	\$	\$ 6,238,288	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 74,813	\$ 6,411,291	45
46	TOTAL EQUITY	\$ 803,770	\$ 330,646	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 878,583	\$ 6,741,937	47

*(See instructions.)

Facility Name: PARK POINT SUPPORTIVE LIVING

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	\$ 2,606,119	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,606,119	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		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	FOOD STAMPS	24,895	15
16	CABLE TV & PHONE	28,345	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 53,240	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,659,359	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	609,562	19
20	Health Care/ Personal Care	378,480	20
21	General Administration	619,880	21
	B. Capital Expense		
22	Ownership	564,998	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)	\$ 2,172,920	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 486,439	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 486,439	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 775,575	32
33	Private Pay - Net Inpatient Revenue	1,830,544	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,606,119	37

2017

	LINE	
RENT	20	(549,838)
PROFESSIONAL FEES	10	8,500
INSURANCE	13	24,562
DEPRECIATION	17	115,167
INTEREST	18	244,440
RE TAX	19	77,936
		<u>(79,233)</u>
		<u><u>(79,233)</u></u>