

		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: 1000077

Facility Name: PRAIRIE WINDS OF URBANA

Address: 1905 S PRAIRIE WINDS URBANA 61801

Number City Zip Code

County: CHAMPAIGN

Telephone Number: (217) 344-6400 Fax # 217 344-6444

Federal Employer ID Number:

Date Current Owners were Certified: 9/19/2007

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

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

Facility Name PRAIRIE WINDS OF URBANA 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	94	Single Unit Apartment	94	34,310	1
2		Double Unit Apartment			2
3		Other			3
4	94	TOTALS	94	34,310	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	25,625	7,953		33,578	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,625	7,953		33,578	8

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

97.87%

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

474

 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

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

MODIFIED

CASH*

CASH*

X

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?

No

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.

HFS 3745C (N-4-05)

IL478-2471

Facility Name: PRAIRIE WINDS OF URBANA

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	282,209	197,488	1,539	481,236		481,236	1
2	Housekeeping, Laundry and Maintenance	94,573	39,790	51,706	186,069		186,069	2
3	Heat and Other Utilities			130,508	130,508	(26,982)	103,526	3
4	Other (specify): See Page 3 Attachment			25,290	25,290		25,290	4
5	TOTAL General Services	376,782	237,278	209,043	823,103	(26,982)	796,121	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	410,973	10,336		421,309		421,309	6
7	Activities and Social Services	34,463	7,885		42,348		42,348	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	445,436	18,221		463,657		463,657	9
	C. General Administration							
10	Administrative and Clerical	145,809	21,171	268,390	435,370	(38,517)	396,853	10
11	Marketing Materials, Promotions and Advertising	62,131	8,075	33,264	103,470		103,470	11
12	Employee Benefits and Payroll Taxes			186,595	186,595		186,595	12
13	Insurance-Property, Liability and Malpractice			37,542	37,542		37,542	13
14	Other (specify): See Page 3 Attachment			67,948	67,948	(22,311)	45,637	14
15	TOTAL General Administration	207,940	29,246	593,739	830,925	(60,828)	770,097	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,030,158	284,745	802,782	2,117,685	(87,810)	2,029,875	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			216,230	216,230		216,230	17
18	Interest			242,284	242,284	(243)	242,041	18
19	Real Estate Taxes			405,257	405,257		405,257	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			6,859	6,859		6,859	21
22	Other (specify): See Page 3 Attachment			40,343	40,343		40,343	22
23	TOTAL Ownership			910,973	910,973	(243)	910,730	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,030,158	284,745	1,713,756	3,028,659	(88,053)	2,940,606	24

Facility Name: PRAIRIE WINDS OF URBANA

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	21.06	2
3	Certified Nurse Assistants	13	11.35	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	11	10.86	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.49	10
11	Laundry			11
12	Managers	5	23.36	12
13	Other Administrative	3	22.66	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	\$ 187,205	1
2			2
Total		\$ 187,205	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: PRAIRIE WINDS OF URBANA Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 566,500 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	94			2007	\$ 5,720,129	\$ 143,617	40	\$ 143,003	\$ (614)	\$ 1,440,500	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				718,277	35,744	20	35,914	170	377,068	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)				\$ 6,438,406	\$ 179,361		\$ 178,917	\$ (444)	\$ 1,817,567	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	\$ 1,219,129	\$ 27,862	\$ 243,826	215,964	5	\$ 1,136,663	18
19	Vehicles	45,039	9,008	6,434	(2,574)	7	15,978	19
20	TOTAL (lines 18 and 19)	\$ 1,264,169	\$ 36,870	\$ 250,260	213,390		\$ 1,152,641	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: PRAIRIE WINDS OF URBANA

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	Walker Dunlop		X	FIRST MORTGAGE	6/20/2016	\$ 7,899,276	\$ 7,167,162	1/1/2047	0.0335	\$ 242,284	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 7,899,276	\$ 7,167,162			\$ 242,284	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 7,899,276	\$ 7,167,162			\$ 242,284	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: PRAIRIE WINDS OF URBANA

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	\$ 1,064,437	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (27,514))	610,192		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	32,979		6
7	Other Prepaid Expenses	6,839		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	682		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,715,130	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	566,500		13
14	Buildings, at Historical Cost	5,720,129		14
15	Leasehold Improvements, at Historical Cost	718,277		15
16	Equipment, at Historical Cost	1,264,169		16
17	Accumulated Depreciation (book methods)	(2,970,208)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	11,579		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(11,579)		20
21	Restricted Funds	312,919		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 5,611,785	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,326,915	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 68,491	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,588		30
31	Accrued Taxes Payable	278,772		31
32	Accrued Interest Payable	20,008		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	88,998		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 489,859	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,044,772		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)	\$ 7,044,772	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,534,631	\$	45
46	TOTAL EQUITY	\$ (207,716)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,326,915	\$	47

*(See instructions.)

Facility Name: PRAIRIE WINDS OF URBANA

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	\$ 3,656,473	1
2	Discounts and Allowances	(2,136)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,654,337	3
	B. Other Operating Revenue		
4	Special Services	126,652	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	8,082	8
9	Non-Resident Meals	8,726	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 143,460	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	243	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 243	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	8,669	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 8,669	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,806,709	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	823,103	19
20	Health Care/ Personal Care	463,657	20
21	General Administration	830,925	21
	B. Capital Expense		
22	Ownership	910,973	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)	\$ 3,028,659	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 778,050	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 778,050	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,441,237	32
33	Private Pay - Net Inpatient Revenue	2,213,100	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,654,337	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	-	
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	407		2112-0105-0-0	Accrued Liabilities	30,043	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	275		2112-0115-0-0	Accrued Developer Fee	-	
1105-0009-0-0	Transfer Account	-		2112-0130-0-0	Accrued MIP	-	
1105-0012-0-0	Undeposited Funds	-		2112-0140-0-0	Accrued Vacation	16,150	
				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	100	
				2112-0155-0-0	Reservation Deposit	5,300	
				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	37,405	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			682			88,998	
Other Long Term Assets Detail							
1201-0020-0-0	CIP	-					
1201-0021-0-0	CIP- Land Option Addition	-					
1201-0022-0-0	CIP- Other Addition	-					
			-				

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	3,336
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	5,333
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		8,669