

		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: 1000002

Facility Name: Victory Centre of Joliet

Address: 31 North Broadway Joliet 60435

Number City Zip Code

County: Will

Telephone Number: (815) 724-0308 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 1/17/2000

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		Limited Partnership

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/2017 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)			
	(Title)			
Paid Preparer	(Signed)			
	* Subject to the attached Accountants' Consulting Report	(Date)		
	(Print Name and Title)			
	(Firm Name & Address)	Marcum LLP Nine Parkway North, Suite 200 Deerfield, IL 60015		
	(Telephone)	(847) 282-6300 Fax (847) 282-6301		

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

Name: Steven N. Lavenda Telephone Number: (847) 282 - 6300

Email Address:

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 Victory Centre of Joliet Report Period Beginning: 1/1/2017 Ending: 12/31/2017

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	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	28	Single Unit Apartment	28	10,220	1
2	2	Double Unit Apartment	2	730	2
3		Other		183	3
4	30	TOTALS	30	11,133	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	8,499	362		8,861	5
6	Double Unit	457	19		476	6
7	Other	183			183	7
8	TOTALS	9,139	381		9,520	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 85.51%

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

197 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 2 (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)

None

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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? Yes If yes, did the facility make all of the required payments of interest and principle? Yes

If no, explain. N/A

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? N/A

If no, explain. N/A

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? N/A

If no, explain. N/A

Facility Name: Victory Centre of Joliet

Report Period Beginning:

1/1/2017

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	49,782	66,210	3,671	119,663	(1,059)	118,604	1
2	Housekeeping, Laundry and Maintenance	43,140	12,540	27,761	83,441	5,289	88,730	2
3	Heat and Other Utilities			34,260	34,260	64	34,324	3
4	Other (specify):							4
5	TOTAL General Services	92,922	78,750	65,692	237,364	4,294	241,658	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	253,406	326	15,304	269,036	5,041	274,077	6
7	Activities and Social Services	14,385	1,738	6,290	22,413	(3,172)	19,241	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	267,791	2,064	21,594	291,449	1,869	293,318	9
	C. General Administration							
10	Administrative and Clerical	88,176	3,445	237,248	328,869	(77,432)	251,437	10
11	Marketing Materials, Promotions and Advertising		742	13,055	13,797	7,738	21,535	11
12	Employee Benefits and Payroll Taxes			96,528	96,528		96,528	12
13	Insurance-Property, Liability and Malpractice			11,870	11,870	433	12,303	13
14	Other (specify):					7,320	7,320	14
15	TOTAL General Administration	88,176	4,187	358,701	451,064	(61,941)	389,123	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	448,889	85,001	445,987	979,877	(55,778)	924,099	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			140,645	140,645	(16,815)	123,830	17
18	Interest			6,174	6,174	(878)	5,296	18
19	Real Estate Taxes			27,348	27,348		27,348	19
20	Rent -- Facility and Grounds			628	628	2,366	2,994	20
21	Rent -- Equipment			5,201	5,201	20	5,221	21
22	Other (specify):Amortization			125	125		125	22
23	TOTAL Ownership			180,121	180,121	(15,307)	164,814	23
24	GRAND TOTAL (Sum of lines 16 and 23)	448,889	85,001	626,108	1,159,998	(71,085)	1,088,913	24

STATE OF ILLINOIS

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Victory Centre of Joliet

Report Period Beginning: 1/1/2017

Ending: 12/31/2017

NON-ALLOWABLE EXPENSES		Amount	Sch. V Line
			Reference
1	Non-Straight Line Depreciation	\$ (17,370)	17 1
2	Guest Meals	(246)	01 2
3	Employee Meals	(189)	01 3
4	Maintenance Fees	(1,029)	02 4
5	Other Income	(406)	10 5
6	Meals & Entertainment	(424)	10 6
7	Bank Service Charges	(1,912)	10 7
8	Late Fees/Finance Charges	(86)	10 8
9	Charitable Contributions	(1,150)	10 9
10	Bad Debt	(50,185)	10 10
11	Cable TV	(1,576)	10 11
12	Management Fees	(60,622)	10 12
13	Partnership Mgmt Fee	(10,000)	10 13
14	Interest Income-Escrows	(877)	18 14
15	Interest Income	(1)	18 15
16	Additional R&M	5,023	02 16
17			17
18	Pathway Senior Living		18
19	Dietary	147	01 19
20	Maintenance	229	02 20
21	Healthcare/Personal Care	1,532	06 21
22	Community Life	1,413	07 22
23	Administrative	22,999	10 23
24	Marketing	4,576	11 24
25	Insurance	300	13 25
26	Employee Benefits	2,966	14 26
27	Rent - Building	259	20 27
28	Rent - Equipment	15	21 28
29			29
30	Pathway Management		30
31	Maintenance	1,066	02 31
32	Utilities	64	03 32
33	Healthcare/Personal Care	2,340	06 33
34	Community Life	129	07 34
35	Administrative	32,200	10 35
36	Marketing	3,162	11 36
37	Insurance	133	13 37
38	Employee Benefits	4,354	14 38
39	Depreciation	563	17 39
40	Rent - Building	2,107	20 40
41	Rent - Equipment	5	21 41
42	Shared Services	(6,872)	10 42
43	Shared Services	(771)	01 43
44	Shared Services	969	06 44
45	Shared Services	(4,714)	07 45
46			46
47			47
48			48
49			49
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95			95
96			96
97			97
98			98
99			99
100			100
101	Total	(71,085)	101

Facility Name: Victory Centre of Joliet

Report Period Beginning 1/1/2017 Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.73	\$ 25.13	1
2	Licensed Practical Nurses	0.86	22.79	2
3	Certified Nurse Assistants	6.66	12.60	3
4	Activity Director & Assistants	0.48	14.45	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1.48	16.14	7
8	Dishwashers			8
9	Maintenance Workers	0.52	20.82	9
10	Housekeepers	0.94	10.59	10
11	Laundry			11
12	Managers			12
13	Other Administrative	2.03	20.92	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	13.69	\$ 15.76	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
See Attached			

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	Jerry Finis	0.001415%	0.38	\$ 1,907	1
2					2
3					3
4					4
5					5
Total				\$ 1907	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 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: N/A If yes, what is the value of those services? \$ N/A

(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: Victory Centre of Joliet Report Period Beginning: 1/1/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 15,000 Year land was acquired 1999

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	30		1999	1999	\$ 3,172,274	\$ 141,208	35	\$ 90,636	\$ (50,572)	\$ 1,866,463	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				218,131			10,907	10,907	37,382	6
7	Various			1999	176,529		20	8,826	8,826	167,707	7
8	Various			2005	1,405		20	70	70	913	8
9	Various			2008	5,113		20	256	256	2,429	9
10	Various			2009	21,949		20	1,098	1,098	9,581	10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,595,400	\$ 141,208		\$ 111,793	\$ (29,415)	\$ 2,084,475	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	\$ 302,331	\$	\$ 12,037	12,037		\$ 268,017	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 302,331	\$	\$ 12,037	12,037		\$ 268,017	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 & ID Number Victory Centre of Joliet

Report Period Beginning:

1/1/2017

Ending:

12/31/2017

XI. OWNERSHIP COSTS (continued)**B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2	2011	5,546		20	277	277	1,941	2
3	2012	6,950		20	348	348	2,085	3
4	2012	28,900		20	1,445	1,445	8,670	4
5	2013	15,491		20	775	775	3,873	5
6	2013	2,985		20	149	149	746	6
7	2013	6,275		20	314	314	1,569	7
8	2015	5,281		20	264	264	792	8
9	2015	19,734		20	987	987	2,960	9
10	2015	6,675		20	334	334	1,001	10
11	2015	3,343		20	167	167	501	11
12	2015	32,487		20	1,624	1,624	4,873	12
13	2015	6,675		20	334	334	1,001	13
14	2016	7,525		20	376	376	753	14
15	2016	25,000		20	1,250	1,250	2,500	15
16	2016	14,720		20	736	736	1,472	16
17	2016	8,395		20	420	420	840	17
18	2016	8,200		20	410	410	820	18
19	2016	2,750		20	138	138	275	19
20	2016	3,000		20	150	150	300	20
21	2017	8,200		20	410	410	410	21
22								22
23								23
24								24
25								25
26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34		\$ 218,131	\$		\$ 10,907	\$ 10,907	\$ 37,382	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								3
4								4
5								5
6								6
7								7
8								8
9								9
10								10
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26								26
27								27
28								28
29								29
30								30
31								31
32								32
33								33
34	TOTAL (lines 1 thru 33)	\$	\$		\$	\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

XI. OWNERSHIP COSTS (continued)									
B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.									
1		3	4	5	6	7	8	9	
Improvement Type**		Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$		\$	\$	\$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Victory Centre of Joliet

Report Period Beginning: 1/1/2017

Ending: 2/31/2017

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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			/ /	\$			3	9. Rental amount for movable equipment \$ 5,221
4	Additions			/ /				4	
5	Storage Unit			/ /	628			5	
6	Allocated from Pathway			/ /	2,366			6	
7	TOTAL				\$ 2,994			7	

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	IHDA		X	1st Mortgage	6/1/00	\$ 995,000	\$ 605,885	5/1/39	1.0000	\$ 6,174	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 995,000	\$ 605,885			\$ 6,174	7
	B. Non-Facility Related										
8	Interest Income-Escrows		X		/ /			/ /		(877)	8
9	Interest Income		X		/ /			/ /		(1)	9
10	TOTALS (lines 7, 8 and 9)					\$ 995,000	\$ 605,885			\$ 5,296	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: Victory Centre of Joliet

Report Period Beginning: 1/1/2017

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	\$ 123,715	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	103,681		3
4	Supply Inventory (priced at)	1,671		4
5	Short-Term Investments			5
6	Prepaid Insurance	16,764		6
7	Other Prepaid Expenses	5,922		7
8	Accounts Receivable (owners or related parties)	2,445		8
9	Other(specify): See Attached	178,633		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 432,831	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	15,000		13
14	Buildings, at Historical Cost	3,307,274		14
15	Leasehold Improvements, at Historical Cost	162,133		15
16	Equipment, at Historical Cost	427,078		16
17	Accumulated Depreciation (book methods)	(2,584,579)		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): See Attached	2,871		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,329,777	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,762,608	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 59,384	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,805		30
31	Accrued Taxes Payable	25,067		31
32	Accrued Interest Payable	505		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	237,313		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 345,074	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	605,885		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)	\$ 605,885	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 950,959	\$	45
46	TOTAL EQUITY	\$ 811,649	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,762,608	\$	47

*(See instructions.)

Facility Name: Victory Centre of Joliet

Report Period Beginning: 1/1/2017

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	\$ 1,036,030	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,036,030	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	435	9
10	Laundry	15	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 450	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	878	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 878	14
	D. Other Revenue (specify):		
15		2,185	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,185	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,039,543	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	237,364	19
20	Health Care/ Personal Care	291,449	20
21	General Administration	451,064	21
	B. Capital Expense		
22	Ownership	180,121	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)	\$ 1,159,998	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (120,455)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (120,455)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 500,366	32
33	Private Pay - Net Inpatient Revenue	145,654	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Managed Care</u>	390,010	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,036,030	37