

		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: 1000071

Facility Name: Villa Catherine

Address: 1070 6th Street Carlyle 62231

Number City Zip Code

County: Clinton

Telephone Number: (618) 594-8383 Fax # 618 594-8384

Federal Employer ID Number:

Date Current Owners were Certified: 01/09/2007

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: David Reis Telephone Number: 217-228-1950

Email Address: dave@wdmquincy.com

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)

(Title)

Paid Preparer

(Signed) (Date)

(Print Name and Title) David Reis President

(Firm Name & Address) WDM Support Services 1900 Harrison Street Quincy IL 62301

(Telephone) 217) 228-1950 Fax 217-222-6053

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 Villa Catherine

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	15	Single Unit Apartment	15	5,475	1
2	2	Double Unit Apartment	2	730	2
3		Other			3
4	17	TOTALS	17	6,205	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	2,576	2,319		4,895	5
6	Double Unit					6
7	Other					7
8	TOTALS	2,576	2,319		4,895	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 78.89%

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

194 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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 2017 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? N/A 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? N/A 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? N/A 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: Villa Catherine

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		36,007	1,273	37,280	(159)	37,121	1
2	Housekeeping, Laundry and Maintenance	15,025	8,184	12,646	35,855	(75)	35,780	2
3	Heat and Other Utilities			16,935	16,935		16,935	3
4	Other (specify):							4
5	TOTAL General Services	15,025	44,191	30,854	90,070	(234)	89,836	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	125,953	138	67,263	193,354		193,354	6
7	Activities and Social Services		811		811		811	7
8	Other (specify): Beauty/Barber			3,322	3,322	(2,942)	380	8
9	TOTAL Health Care and Programs	125,953	949	70,585	197,487	(2,942)	194,545	9
	C. General Administration							
10	Administrative and Clerical	27,363	4,600	29,252	61,215		61,215	10
11	Marketing Materials, Promotions and Advertising			9,102	9,102		9,102	11
12	Employee Benefits and Payroll Taxes			12,957	12,957		12,957	12
13	Insurance-Property, Liability and Malpractice			14,173	14,173		14,173	13
14	Other (specify):							14
15	TOTAL General Administration	27,363	4,600	65,484	97,447		97,447	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	168,341	49,740	166,923	385,004	(3,176)	381,828	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			49,165	49,165		49,165	17
18	Interest			43,860	43,860	(10)	43,850	18
19	Real Estate Taxes			22,972	22,972		22,972	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Transportation			138	138		138	22
23	TOTAL Ownership			116,135	116,135	(10)	116,125	23
24	GRAND TOTAL (Sum of lines 16 and 23)	168,341	49,740	283,058	501,139	(3,186)	497,953	24

Facility Name: Villa Catherine

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	\$ 19.65	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	1	11.47	3
4	Activity Director & Assistants	1	11.47	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1	11.47	7
8	Dishwashers			8
9	Maintenance Workers	1	14.39	9
10	Housekeepers	1	11.47	10
11	Laundry			11
12	Managers	1	25.01	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	7	\$ 15.00	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
Carlyle Healthcare Center	Carlyle
St Vincent's Home	Quincy
Southern Illinois Living Center	New Baden

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	\$	1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
WDM Health Services Inc	Quincy	MGMT

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

VIII. OWNERSHIP COSTS

A. Purchase price of land Year land was acquired 1969

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	17		2007	2006	\$ 1,302,304	\$ 47,469	28	\$ 47,469	\$	\$ 517,523	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	land improvments			2007	14,167	873	15	873		9,568	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)				\$ 1,316,471	\$ 48,342		\$ 48,342	\$	\$ 527,091	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	\$ 62,186	\$ 823	\$ 823	\$	8	\$ 54,855	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 62,186	\$ 823	\$ 823	\$		\$ 54,855	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: Villa Catherine

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

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	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	First National Bank		X	Mortgage	4/1/17	\$ 3,013,000	\$ 2,514,680	4/16/22	4.8500	\$ 43,860	1
2					/ /			/ /		** see notes	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 3,013,000	\$ 2,514,680			\$ 43,860	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 3,013,000	\$ 2,514,680			\$ 43,860	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: Villa Catherine

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	\$ 10,485	\$ (139,703)	1
2	Cash-Patient Deposits	(6,925)		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	87,571	2,059,961	3
4	Supply Inventory (priced at)		26,967	4
5	Short-Term Investments		329,375	5
6	Prepaid Insurance		43,346	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 91,131	\$ 2,319,946	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		128,950	13
14	Buildings, at Historical Cost	1,316,471	7,084,524	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	62,186	2,076,740	16
17	Accumulated Depreciation (book methods)	(572,376)	(4,761,934)	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)	\$ 806,281	\$ 4,528,280	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 897,412	\$ 6,848,226	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$ 225,308	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		272,024	29
30	Accrued Salaries Payable	1,205	239,847	30
31	Accrued Taxes Payable		54,419	31
32	Accrued Interest Payable			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)	\$ 1,205	\$ 791,598	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	600,000	3,527,114	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)	\$ 600,000	\$ 3,527,114	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 601,205	\$ 4,318,712	45
46	TOTAL EQUITY	\$ 296,207	\$ 2,529,514	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 897,412	\$ 6,848,226	47

*(See instructions.)

Facility Name: Villa Catherine

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	\$ 511,346	1
2	Discounts and Allowances	(44,147)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 467,199	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	2,942	8
9	Non-Resident Meals	159	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 3,101	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	10	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 10	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)	\$ 470,310	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	90,070	19
20	Health Care/ Personal Care	197,487	20
21	General Administration	97,447	21
	B. Capital Expense		
22	Ownership	116,135	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)	\$ 501,139	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (30,829)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (30,829)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$	37

Interest expense is based on a allocation of the current interest rate on the portion of the debt of the supportive living facility.

Page 4 Schedule VII A

Sue Gray c wnes50% Carlyle Healthcare Inc
Ann Reis c wnes45% Carlyle Healthcare Inc
Chris Reis ownes 5% of Carlyle Healthcare Inc.
Ann Reis ownes 25 % of Clinton Manor Living Center Inc. New Baden, Il

Carlyle Healthcare ownes 100% of Villa Catherine Assisted Living a division of Carlyle Healthcare
Carlyle Healthcare ownes 100% of Villa Catherine Supportive Living a division of Carlyle Healthcare
Carlyle Healthcare ownes 100% of Catherine Kasper Village a division of Carlyle Healthcare

Carlyle Healthcare ownes 100% of St. Vincents Home Inc.
Carlyle Healthcare ownes 100% of St.Vincents Home Inc.-Casista Catherine Assisted Living
Carlyle Healthcare ownes 100% of St. Vincents Home Inc.-Catherine Kasper Village
Carlyle Healthcare ownes 100% of St. Vincents Home Inc.-Catherine Kasper Community Center

Sue Gray c wnes50% of WDM Health Services Inc.
Ann Reis c wnes 50%of Wdm Health Services Inc.
No owner salaries are reflected in page 3

Page 4 Schedule VII C

Carlyle Healtcare provides at cost a service for laundry,maint.and refuse disposal.
Carlyle Healrthcare sells to Villa to Villa Catherine foo and ADM fees

Carlyle Healthcare Costs		Supportive Living Costs
Laundry Fee	1080	1080
Maintenance services	15025	15025
Refuse Disposal	11566	11566
Administrative fees	15000	15000

Page 3 line 13 Property Taxes are based on actual assessed value of the property by the county. See attached copies for details.

Schedule IV adjustments

line 1 is reduced by food for employee and guest meals.

line 18 is reduced by interest income

line 2 is reduced by transportation income

line 8 is reduced by Beauty/barber income