

		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: 1000098

Facility Name: WOODRIDGE SUP LVG RES GENESE

Address: 620 OLIVIA COURT GENESEO 61254

County: HENRY

Telephone Number: (847) 679-8219 Fax # (847) 679-7377

Federal Employer ID Number:

Date Current Owners were Certified: 07/02/2008

Type of Ownership:

VOLUNTARY, NON-PROFIT Charitable Corp. Trust IRS Exemption Code

X PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X Limited Liability Co. Trust Other

GOVERNMENTAL State County Other

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) MARSHALL MAUER
(Title) TREASURER

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 **WOODRIDGE SUP LVG RES GENESE**

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	50	Single Unit Apartment	50	18,250	1		
2	10	Double Unit Apartment	10	3,650	2		
3		Other			3		
4	60	TOTALS	60	21,900	4		

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	5,585	13,484		19,069	5
6	Double Unit	248	803		1,051	6
7	Other					7
8	TOTALS	5,833	14,287		20,120	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	91.87%
--	---------------

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

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*

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

X

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

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Facility Name: WOODRIDGE SUP LVG RES GENESE

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	118,869	131,274	2,306	252,449		252,449	1
2	Housekeeping, Laundry and Maintenance	56,441	31,572	5,203	93,216		93,216	2
3	Heat and Other Utilities			86,805	86,805		86,805	3
4	Other (specify):			4,862	4,862		4,862	4
5	TOTAL General Services	175,310	162,846	99,176	437,332		437,332	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	329,051	1,054		330,105		330,105	6
7	Activities and Social Services	42,426	6,420		48,846		48,846	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	371,477	7,474		378,951		378,951	9
	C. General Administration							
10	Administrative and Clerical	92,429	8,826	134,581	235,836	16,091	251,927	10
11	Marketing Materials, Promotions and Advertising			16,259	16,259		16,259	11
12	Employee Benefits and Payroll Taxes			143,605	143,605		143,605	12
13	Insurance-Property, Liability and Malpractice			11,067	11,067	7,223	18,290	13
14	Other (specify):							14
15	TOTAL General Administration	92,429	8,826	305,512	406,767	23,314	430,081	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	639,216	179,146	404,688	1,223,050	23,314	1,246,364	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			5,557	5,557	105,435	110,992	17
18	Interest					154,177	154,177	18
19	Real Estate Taxes					51,041	51,041	19
20	Rent -- Facility and Grounds			360,000	360,000	(360,000)		20
21	Rent -- Equipment			9,652	9,652		9,652	21
22	Other (specify):							22
23	TOTAL Ownership			375,209	375,209	(49,347)	325,862	23
24	GRAND TOTAL (Sum of lines 16 and 23)	639,216	179,146	779,897	1,598,259	(26,033)	1,572,226	24

Facility Name: WOODRIDGE SUP LVG RES GENESE

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	\$ 17.20	1
2	Licensed Practical Nurses	2	18.14	2
3	Certified Nurse Assistants	11	11.67	3
4	Activity Director & Assistants	1	10.38	4
5	Social Service Workers			5
6	Head Cook	2	13.30	6
7	Cook Helpers/Assistants	6	9.48	7
8	Dishwashers			8
9	Maintenance Workers	1	12.01	9
10	Housekeepers	2	9.99	10
11	Laundry			11
12	Managers	1	31.71	12
13	Other Administrative			13
14	Clerical	1	20.50	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	28	\$ 13.09	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
WOODRIDGE OF GALESBURG	GALESBURG
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	ESTHER MARYLES	0.0833	25.2	\$ 4,500	1
2	DANIEL AARON	0.0389	2.16	4,133	2
3					3
4					4
5					5
Total				\$ 8633	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	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: DYNAMIC HEALTHCARE CONSULTANTS If yes, what is the value of those services? \$ 40,519 (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: WOODRIDGE SUP LVG RES GENESE

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 251,148 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	60		2008	2008	\$ 4,064,630	\$	39	\$ 105,435	\$ 105,435	\$ 1,322,737	1
2											2
3	RELATED PARTY				11,090			317	317	7,710	3
4											4
5											5
	Improvement Type										
6	PLUMBING WORK			2010	2,938		27.5	107	107	762	6
7	DOOR			2011	1,925		27.5	70	70	464	7
8	CARPENTRY AND LABOR			2011	6,219		27.5	226	226	1,403	8
9	REPAIR WALLPAPER			2012	1,122		27.5	41	41	135	9
10	SIDEWALK			2012	11,344		15.0	378	378	8,129	10
11	LANDSCAPING			2013	4,553		15.0	304	304	1,241	11
12	WINDOW TREATMENTS/DECORATING			2013	5,463		27.5	199	199	861	12
13	DATA WIRING/DVR'S			2013	3,507		27.5	203	203	719	13
14	SPRINKLER REPAIRS, OFFSET TRAP SUPPLY			2013	3,620		27.5	57	57	402	14
15	NURSE CALL PAGERS,PENDANT,WIRELESS CONNE			2014	19,320		27.5	703	703	3,117	15
16	ALARM, WATER HEATER, SOFTENER, GRAVEL PAI			2015	23,371		27.5	907	907	2,360	16
17	TOTAL (lines 1 thru 16)				\$ 4,159,102	\$		\$ 108,947	\$ 108,947	\$ 1,350,040	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	\$ 274,208	\$	\$ 27,421	27,421	10	\$ 213,237	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 274,208	\$	\$ 27,421		\$ 213,237	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

	1	FOR BHF USE ONLY	2	Year	3	Year	4	5	Current Book	6	Life	7	Straight Line	8	Accumulated	
	Units*			Acquired		Constructed	Cost		Depreciation		in Years		Depreciation	Adjustments	Depreciation	
1							\$	\$				\$		0	\$	1
2														0		2
3														0		3
4														0		4
5														0		5
	Improvement Type															
6		KITCHEN FLOORING		2017			7,680				27.5		140	140	140	6
7														0		7
8														0		8
9														0		9
10														0		10
11														0		11
12														0		12
13														0		13
14								(110,992)						110,992		14
15														0		15
16														0		16
17		TOTAL (lines 1 thru 16)					\$ 7,680	\$ (110,992)				\$ 140	\$ 111,132		\$ 140	17

Facility Name: WOODRIDGE SUP LVG RES GENESE

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 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

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	HEARTLAND BANK		X	MORTGAGE	4/9/14	\$ 4,089,500	\$ 3,817,563	5/1/44	4.0000	\$ 154,177	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,089,500	\$ 3,817,563			\$ 154,177	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,089,500	\$ 3,817,563			\$ 154,177	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: WOODRIDGE SUP LVG RES GENESE

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	\$ 287,079	\$ 400,575	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	106,990	106,990	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,605	27,496	6
7	Other Prepaid Expenses	1,268	1,268	7
8	Accounts Receivable (owners or related parties)	130,380	195,380	8
9	Other(specify): ESCROWS		195,839	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 540,322	\$ 927,548	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		251,148	13
14	Buildings, at Historical Cost		4,064,630	14
15	Leasehold Improvements, at Historical Cost	94,335	94,335	15
16	Equipment, at Historical Cost	54,808	256,460	16
17	Accumulated Depreciation (book methods)	(59,280)	(1,259,592)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		116,263	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(14,533)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): SECURITY DEPOSIT	3,000	3,000	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 92,863	\$ 3,511,711	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 633,185	\$ 4,439,259	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 49,614	\$ 49,614	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	50,453	50,453	30
31	Accrued Taxes Payable	1,719	51,719	31
32	Accrued Interest Payable		12,725	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	INTERCOMPANY PAYABLE		470,402	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 101,786	\$ 634,913	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		3,817,563	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)	\$	\$ 3,817,563	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 101,786	\$ 4,452,476	45
46	TOTAL EQUITY	\$ 531,399	\$ (13,217)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 633,185	\$ 4,439,259	47

*(See instructions.)

Facility Name: WOODRIDGE SUP LVG RES GENESE

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	\$ 1,972,253	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,972,253	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	270	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 270	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	284	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 284	14
	D. Other Revenue (specify):		
15	FOOD STAMPS	10,844	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,844	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,983,651	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	437,332	19
20	Health Care/ Personal Care	378,951	20
21	General Administration	406,767	21
	B. Capital Expense		
22	Ownership	375,209	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	PRIOR PERIOD	5,752	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,604,011	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 379,640	29
30	Income Taxes	\$ 6,994	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 372,646	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 436,318	32
33	Private Pay - Net Inpatient Revenue	1,535,935	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,972,253	37

WOODRIDGE OF GENESEO
12/31/2017

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 14	CONTRIBUTION	(250)
RELATED PARTY LANDLORD		
LINE 17	DEPRECIATION	105,435
LINE 18	MORTGAGE INTEREST	154,177
LINE 19	REAL ESTATE TAXES	51,041
LINE 10	PROFESSIONAL FEES	16,341
LINE 13	PROPERTY INSURANCE	7,223
LINE 20	RENT	(360,000)
LINE 24	GRAND TOTAL	<u>(26,033)</u>

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES	90,000
	UTILITIES	271
	REPAIRS & MAINT	2,106
	EMP. BEN.-GEN. SERV.	55
	PROFESSIONAL FES	158
	DUES & SUBSCRIPTIONS	977
	CLERICAL & GENERAL	7,242
	SEMINARS & TRAVEL	91
	AUTO EXP	930
	INSURANCE	1,091
	DEPRECIATION	762
	INTEREST	467
	REAL ESTATE TAXES	847
	REAL ESTATE TAXES PROTEST FEES	68
	AUTO RENTAL	3,275
	EQUIPMENT RENTAL	140
	CLERICAL COMP	18,020
	CLERICAL BENEFITS	4,021
		<u>40,519</u>

WOODRIDGE OF GENESEO
RELATED HEALTHCARE ENTITIES

BRADLEY
BRIDGEVIEW HEALTHCARE CENTER
GROSSE POINT
OTTAWA PAVILION
PARK RIDGE
STERLING PAVILION
WATERFRONT TERRACE
WILLOW CREST
WINDMILL NURSING PAVILION
WOODBIDGE

BRADLEY
BRIDGEVIEW
NILES
OTTAWA
PARK RIDGE
STERLING
CHICAGO
SANDWICH
SOUTH HOLLAND
CHICAGO

OTHER RELATED BUSINESSES

DYNAMIC HEALTHCARE CONSULTANTS
SEASONS HOSPICE
NORTHWEST ILLINOIS HOLDINGS

SKOKIE
PARK RIDGE

BOOKKEEPING COMPANY
HOSPICE
BUILDING CO.