

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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: 1000147

Facility Name: Prairie Green at Fays Point

Address: 1546 W Water Street Blue Island 60406

County: Cook

Telephone Number: (708) 489-1503 Fax # 708 489-1506

Federal Employer ID Number: _____

Date Current Owners were Certified: 10/29/14

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: Anna Kobrzak Telephone Number: (312) 673-4360
 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 1/1/18 to 12/31/18 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) Steve Hippel
 (Title) Chief Financial Officer

Paid Preparer

(Signed) _____ (Date) _____
 (Print Name and Title) Chris Joos
Partner
 (Firm Name & Address) Plante & Moran, PLLC
250 South High Street, Suite 100
 (Telephone) (614) 222-9040 Fax (614) 221-3535

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

HFS 3745C (N-4-05)

IL478-2471

Facility Name Prairie Green at Fays Point Report Period Beginning: 1/1/18 Ending: 12/31/18

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	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	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	32,068	2,511		34,579	5
6	Double Unit					6
7	Other					7
8	TOTALS	32,068	2,511		34,579	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 78.95%

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

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/18 Fiscal Year: 12/31/18

* 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 principal? YES
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 principal? N/A
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 principal? N/A
If no, explain. _____

STATE OF ILLINOIS

Facility Name: Prairie Green at Fays Point

Report Period Beginning:

1/1/18

Ending:

Page 3

12/31/18

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	360,055	244,317	2,476	606,848		606,848	1
2	Housekeeping, Laundry and Maintenance	138,242	180,357	748	319,347		319,347	2
3	Heat and Other Utilities			117,317	117,317		117,317	3
4	Other (specify):			11,641	11,641		11,641	4
5	TOTAL General Services	498,297	424,674	132,182	1,055,153		1,055,153	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	454,922	3,949	4,916	463,787		463,787	6
7	Activities and Social Services	56,102	4,756	2,892	63,750	(1,033)	62,717	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	511,024	8,705	7,808	527,537	(1,033)	526,504	9
	C. General Administration							
10	Administrative and Clerical	183,990	2,383	365,919	552,292		552,292	10
11	Marketing Materials, Promotions and Advertising	68,189	10,511	86,504	165,204		165,204	11
12	Employee Benefits and Payroll Taxes			251,151	251,151	(786)	250,365	12
13	Insurance-Property, Liability and Malpractice			95,771	95,771		95,771	13
14	Other (specify):			104,302	104,302	(104,302)		14
15	TOTAL General Administration	252,179	12,894	903,647	1,168,720	(105,088)	1,063,632	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,261,500	446,273	1,043,637	2,751,410	(106,121)	2,645,289	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			720,616	720,616		720,616	17
18	Interest			801,939	801,939		801,939	18
19	Real Estate Taxes			459,720	459,720		459,720	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			8,242	8,242		8,242	21
22	Other (specify):							22
23	TOTAL Ownership			1,990,517	1,990,517		1,990,517	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,261,500	446,273	3,034,154	4,741,927	(106,121)	4,635,806	24

Facility Name: **Prairie Green at Fays Point**

Report Period Beginning **1/1/18** Ending: **12/31/18**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.02	\$ 28.83	1
2	Licensed Practical Nurses	3.05	23.05	2
3	Certified Nurse Assistants	9.70	12.74	3
4	Activity Director & Assistants	1.54	17.51	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	9.54	13.31	7
8	Dishwashers			8
9	Maintenance Workers	2.44	18.66	9
10	Housekeepers	1.76	11.89	10
11	Laundry			11
12	Managers	0.46	48.21	12
13	Other Administrative	0.46	58.99	13
14	Clerical	3.74	22.80	14
15	Marketing	0.89	37.83	15
16	Other AL Director	0.81	29.28	16
17	Total (lines 1 thru 16)	34.41	\$	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
Available upon request			

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	Senior LifeStyle Corporation	\$ 223,077	1
2			2
Total		\$ 223,077	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: **Prairie Green at Fays Point** Report Period Beginning: **1/1/18** Ending: **12/31/18**

VIII. OWNERSHIP COSTS

A. Purchase price of land 750,677 Year land was acquired 2014

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	120		2014	2014	\$ 14,831,544	\$	27	\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2017	42,952		27				6
7	Disposal			2018	(10,499)						7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16						560,960		560,960		2,350,769	16
17	TOTAL (lines 1 thru 16)				\$ 14,863,997	\$ 560,960		\$ 560,960	\$	\$ 2,350,769	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	\$ 1,412,768	\$ 159,656	\$ 159,656		5-7	\$ 1,275,716	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 1,412,768	\$ 159,656	\$ 159,656	\$		\$ 1,275,716	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 Green at Fays Point

Report Period Beginning: 1/1/18

Ending: 12/31/18

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*	
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	IHDA		X	Home Loan	10/29/14	\$ 2,202,042	\$ 3,488,035	6/1/43	4.3000	\$ 39,974	1
2	IHDA		X	Bonds	10/29/14	12,355,149	13,600,183	6/1/43	5.7500	761,965	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 14,557,191	\$ 17,088,218			\$ 801,939	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 14,557,191	\$ 17,088,218			\$ 801,939	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 Green at Fays Point**Report Period Beginning: **1/1/18**

Ending:

12/31/18**XI. BALANCE SHEET - Unrestricted Operating Fund.**As of **12/31/18**

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,422,872	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	1,338,162 (316,685)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	92,388		6
7	Other Prepaid Expenses	9,885		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,546,622	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	750,677		13
14	Buildings, at Historical Cost	14,171,610		14
15	Leasehold Improvements, at Historical Cost	692,388		15
16	Equipment, at Historical Cost	1,412,768		16
17	Accumulated Depreciation (book methods)	(3,626,485)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	633,510		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(166,558)		20
21	Restricted Funds	197,893		21
22	Other Long-Term Assets (specify):	1,023,890		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 15,089,693	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 17,636,315	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 109,319	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,170		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	76,596		30
31	Accrued Taxes Payable	287,725		31
32	Accrued Interest Payable	130,084		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Other	17,156		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 624,050	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	17,088,218		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany	2,120,268		42
43	Deferred Revenues	147,464		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 19,355,950	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 19,980,000	\$	45
46	TOTAL EQUITY	\$ (2,343,685)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 17,636,315	\$	47

*(See instructions.)

Facility Name: Prairie Green at Fays Point

Report Period Beginning: 1/1/18

Ending:

12/31/18

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	\$ 3,568,533	1
2	Discounts and Allowances	9,716	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,578,249	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			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)	\$ 3,578,249	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,055,153	19
20	Health Care/ Personal Care	527,537	20
21	General Administration	1,168,720	21
	B. Capital Expense		
22	Ownership	1,990,517	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)	\$ 4,741,927	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (1,163,678)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (1,163,678)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,386,142	32
33	Private Pay - Net Inpatient Revenue	192,107	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,578,249	37

Blue Island SLF, LLC
Automobile Schedule
2018

Year	Make	Model	Lease Costs	
2014	Ford	E350/KSIR 230	\$	17,795.94 <i>All offset with rental income</i>

Blue Island SLF LLC
Adjustments
12/31/2018

CLIENT_ACT	DESC	DEBIT	TB Acct	IL Acct
5565350000	Charitable Contributions	1,500.00	9760.00 IS 14.3	
5790350000	Bad Debt Expense	106,692.00	9765.00 IS 14.3	
5890350000	Miscellaneous Expense	(1,509.49)	9729.20 IS 14.3	
5551330000	Entertainment Expense	1,032.60	7125.00 IS 7.2	
5271350000	Holiday Party Expense	786.15	7820.00 IS 12.3	
5915346000	Special Events (Off-Site)	629.49	9729.20 IS 14.3	
5771350000	Penalties	1,077.89	9730.00 IS 14.3	
9729.20	Non-Allowable AJE	(4,087.57)	9729.20 IS 14.3	
		106,121.07		

Blue Island SLF, LLC
Related Party Schedule
2018

Service	Cost on pg 3	Cost to Related Party	Adjustment
Management Fees	183,077.00	183,077.00	-
Company Management Fee	19,999.92	19,999.92	-
Asset Management Fee	19,999.92	19,999.92	-