

		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: 1000006

Facility Name: St Francis Woods

Address: 3507 North MolleckPeoria61604

County: Peoria

Telephone Number: ( 309 ) 688-0093 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 2004

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: Larry Templin

Telephone Number: ( 630 ) 361-2868

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)

(Type or Print Name)

(Title)

Paid Preparer

(Signed) SEE ACCOUNTANT'S COMPILATION REPORT

(Print Name and Title) Larry Templin Partner

(Firm Name & Address) Templin Healthcare Accounting Services, LLP P.O. Box 9, Dunlap, IL 61525

(Telephone) (630 ) 361-2868 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

HFS 3745C (N-4-05)

IL478-2471

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	92	Single Unit Apartment	92	33,580	1
2		Double Unit Apartment			2
3		Other			3
4	92	TOTALS	92	33,580	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	25,309	4,132		29,441	5
6	Double Unit					6
7	Other					7
8	TOTALS	25,309	4,132		29,441	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.67%

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

129 Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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

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? No If yes, did the facility make all of the

required payments of interest and principle? N/A

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

## STATE OF ILLINOIS

Facility Name: St Francis Woods

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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	140,263	171,687	11,393	323,343	(2,144)	321,199	1
2	Housekeeping, Laundry and Maintenance	114,918	24,295	38,284	177,497		177,497	2
3	Heat and Other Utilities			118,859	118,859		118,859	3
4	Other (specify): Trash Expense			10,392	10,392		10,392	4
5	<b>TOTAL General Services</b>	255,181	195,982	178,928	630,091	(2,144)	627,947	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	476,642	5,763	450	482,855	(125)	482,730	6
7	Activities and Social Services	24,543		22,294	46,837		46,837	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	501,185	5,763	22,744	529,692	(125)	529,567	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	208,639	7,057	242,540	458,236	(141,865)	316,371	10
11	Marketing Materials, Promotions and Advertising	35,411	467	46,223	82,101		82,101	11
12	Employee Benefits and Payroll Taxes			232,070	232,070		232,070	12
13	Insurance-Property, Liability and Malpractice			34,787	34,787		34,787	13
14	Other (specify): Farm Expenses							14
15	<b>TOTAL General Administration</b>	244,050	7,524	555,620	807,194	(141,865)	665,329	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	1,000,416	209,269	757,292	1,966,977	(144,134)	1,822,843	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			162,000	162,000	41,577	203,577	17
18	Interest			327,465	327,465	(2,885)	324,580	18
19	Real Estate Taxes			110,379	110,379		110,379	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			2,094	2,094		2,094	21
22	Other (specify): Amortization of Loan Costs			63,954	63,954		63,954	22
23	<b>TOTAL Ownership</b>			665,892	665,892	38,692	704,584	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	1,000,416	209,269	1,423,184	2,632,869	(105,442)	2,527,427	24

Facility Name: St Francis Woods

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	4.0	\$ 25.26	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12.5	11.24	3
4	Activity Director & Assistants	1.0	12.26	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6.0	11.83	7
8	Dishwashers			8
9	Maintenance Workers	3.0	13.73	9
10	Housekeepers	1.5	10.90	10
11	Laundry			11
12	Managers	1.0	33.17	12
13	Other Administrative	1.0	28.85	13
14	Clerical	3.0	15.89	14
15	Marketing	1.0	16.58	15
16	Other			16
17	Total (lines 1 thru 16)	34.0	\$ 15.02	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
Forest Ridge Senior Living, LLC	Woodland Park, Colorado

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
St. Francis Woods Management LLC	Peoria, IL	Management Co
Midstates Senior Living LLC	Woodland Park, CO	Management Co
Forest Ridge Property LLC	Woodland Park, CO	Lessor

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: St Francis Woods Management LLC If yes, what is the value of those services? \$ Undetermined

(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).

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	Robert Schleicher	100%	20	\$ 60,000	1
2					2
3					3
4					4
5					5
Total				\$ 60000	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	None	\$	1
2			2
Total		\$	3

Facility Name: St Francis Woods

Report Period Beginning:

1/1/18

Ending:

12/31/18

VIII. OWNERSHIP COSTS

A. Purchase price of land 760,000 Year land was acquired 2003

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	68		2003	1979	\$ 2,827,265	\$	28	\$ 100,973	\$ 100,973	\$ 1,464,109	1
2	24		2005	2005	1,300,000		28	46,428	46,428	580,350	2
3											3
4											4
5											5
	Improvement Type										
6	Dining Room Chairs			2009	10,454		7			10,454	6
7	ADA Restrooms			2010	16,320		7			16,320	7
8	Emergency Call System			2011	42,500		7	3	3	42,500	8
9	Sprinkler System			2011	200,000		7	14,289	14,289	200,000	9
10	HVAC			2013	10,108		7	1,444	1,444	7,942	10
11	Hot Water Heater			2013	9,887		7	1,412	1,412	7,766	11
12	New Flooring Common Area			2014	10,300		7	1,471	1,471	6,619	12
13	Nurses Station			2014	8,380		7	1,197	1,197	3,640	13
14	HVAC			2015	13,640		7	1,949	1,949	4,871	14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 4,448,854	\$		\$ 169,166	\$ 169,166	\$ 2,344,571	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	\$ 125,321	\$	\$ 17,903	17,903	7	\$ 48,134	18
19	Vehicles	3,500		700	700	5	2,100	19
20	TOTAL (lines 18 and 19)	\$ 128,821	\$	\$ 18,603	18,603		\$ 50,234	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	N/A				22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

## XI. OWNERSHIP COSTS (continued)

## B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 4,448,854	\$		\$ 169,166	\$ 169,166	\$ 2,344,571	1
2	Carpet	2016	97,037		20	4,852	4,852	12,130	2
3	Painting Interior and Exterior	2016	54,887		20	2,744	2,744	6,860	3
4	Parking Lot	2016	5,400		20	270	270	675	4
5	Security System	2016	5,924		20	296	296	740	5
6	Kitchen/Hall Remodel	2016	19,658		20	983	983	2,457	6
7	Carpeting Throughout Facility	2017	34,702		20	1,735	1,735	3,470	7
8	Electrical-Kitchen/Hallways	2017	18,815		20	941	941	1,882	8
9	Landscaping	2017	15,326		20	766	766	1,532	9
10	Hot Water Heater	2017	10,636		20	532	532	1,064	10
11	PTAC Units	2017	3,191		20	160	160	320	11
12	Kitchen Plumbing/Coffee Bar	2017	9,520		20	476	476	952	12
13	Carpeting	2018	15,971		20	399	399	399	13
14	Water Heater	2018	11,912		20	298	298	298	14
15	Nurse Call System	2018	54,250		20	1,356	1,356	1,356	15
16									16
17									17
18									18
19									19
20	Financial Statement Basis Depreciation			162,000			(162,000)		20
21									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	TOTAL (lines 1 thru 33)		\$ 4,806,083	\$ 162,000		\$ 184,974	\$ 22,974	\$ 2,378,706	34

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

Facility Name: St Francis Woods

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	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 \$ N/A

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	Central Bank Illinois		X	Mortgage	8/7/18	\$ 7,726,620	\$ 7,726,620	1/19/21	0.0600	\$ 319,032	1
2	Capital Partners Group		X	Capital Lease	1/30/18	54,250	37,666	1/30/21	0.0845	4,007	2
3					/ /			/ /			3
	Working Capital										
4	Central Bank Illinois		X	Line of Credit	1/25/16	500,000	50,269	1/20/19	Prime + .5%	4,426	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,280,870	\$ 7,814,555			\$ 327,465	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /	Offset Int Inc	(2,885)	9
10	TOTALS (lines 7, 8 and 9)					\$ 8,280,870	\$ 7,814,555			\$ 324,580	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: St Francis Woods

Report Period Beginning: 1/1/18

Ending:

12/31/18

## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ (9,582)	\$ (9,582)	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 5,000 )	343,899	343,899	3
4	Supply Inventory (priced Cost )	15,000	15,000	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	4,603	4,603	7
8	Accounts Receivable (owners or related parties)	664	664	8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 354,584	\$ 354,584	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	760,000	760,000	13
14	Buildings, at Historical Cost	4,674,976	4,127,265	14
15	Leasehold Improvements, at Historical Cost	251,063	678,818	15
16	Equipment, at Historical Cost	719,807	128,821	16
17	Accumulated Depreciation (book methods)	(2,405,250)	(2,428,940)	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): AR-Owner	2,999,879	2,999,879	22
23	Other(specify): Deposit/Loan Fees, Net	72,207	72,207	23
24	<b>TOTAL Long-Term Assets (sum of lines 11 thru 23)</b>	\$ 7,072,682	\$ 6,338,050	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 7,427,266	\$ 6,692,634	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 101,904	\$ 101,904	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	87,935	87,935	29
30	Accrued Salaries Payable	23,560	23,560	30
31	Accrued Taxes Payable	113,550	113,550	31
32	Accrued Interest Payable	28,000	28,000	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 354,949	\$ 354,949	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,726,620	7,726,620	39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities (sum of lines 38 thru 43)</b>	\$ 7,726,620	\$ 7,726,620	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 8,081,569	\$ 8,081,569	45
46	<b>TOTAL EQUITY</b>	\$ (654,303)	\$ (1,388,935)	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 7,427,266	\$ 6,692,634	47

\*(See instructions.)



Facility Name: St Francis Woods

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	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 2,905,591	1
2	Discounts and Allowances	(1,388)	2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 2,904,203	3
	<b>B. Other Operating Revenue</b>		
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	1,484	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 1,484	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income	2,885	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 2,885	14
	<b>D. Other Revenue (specify):</b>		
15	See Attached Schedule I	842	15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 842	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 2,909,414	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	630,091	19
20	Health Care/ Personal Care	529,692	20
21	General Administration	807,194	21
	<b>B. Capital Expense</b>		
22	Ownership	665,892	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 2,632,869	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 276,545	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 276,545	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 2,401,060	32
33	Private Pay - Net Inpatient Revenue	408,816	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Food Stamps</u>	94,327	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 2,904,203	37

St Francis Woods

Period 1/1/18  
Period 12/31/18

Schedule I

XII. Income Statement  
Line 15 Other Revenue

	Amount	
Vending Income	660	Offset Against Food Expense
NSF Check Fee	41	Offset Against Bank Fees
Miscellaneous Income	16	Offset Against Office Supplies
Purchase Discounts	125	Offset Against Medical Supplies
TOTAL	842	

Adjustment Detail

Line	Description	Amount
1	Offset Vending Income Against Food	(660)
2	Offset Meal Income Against Food	(1,484)
6	Offset Purchase Discounts Against Medical Supplies	(125)
10	Offset NSF Fee Income Against Bank Fees	(41)
10	Offset Miscellaneous Income Against Office Supplies	(16)
10	Disallow Management Fees	(139,892)
14	Disallow Bad Debt Expense	(927)
14	Disallow Late Fees and Finance Charges	(989)
17	Adjust Depreciation to Medicaid Basis	41,577
18	Offset Interest Income Against Expense	(2,885)
	Total Adjustments	(105,442)

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS,  
RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

As of 1/1/16, Robert Schleicher owned 81.5406% of St Francis Woods and Nancy Lee-McQuillan owned 18.4594%. During January 2016, Robert Schleicher purchased Nancy Lee-McQuillan's ownership and is now 100% owner.

VII. RELATED ORGANIZATIONS

St Francis Woods Management LLC provides overall operational and financial management to St Francis Woods.