

		FOR BHF USE			

LL2

Supportive Living Facility

2010
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2010)

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: 1000065

Facility Name: Plum Creek SLF

Address: 2801 West Algonquin Road Rolling Meadows 60008
Number City Zip Code

County: Cook

Telephone Number: (847) 670-8080 Fax # (847) 368-1330

Federal Employer ID Number

Date Current Owners were Certified: 10/23/06

Type of Ownership:

<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL
<input type="checkbox"/> Charitable Corp.	<input type="checkbox"/> Individual	<input type="checkbox"/> State
<input type="checkbox"/> Trust	<input checked="" type="checkbox"/> Partnership	<input type="checkbox"/> County
IRS Exemption Code	<input type="checkbox"/> Corporation	<input type="checkbox"/> Other
	<input type="checkbox"/> "Sub-S" Corp.	
	<input type="checkbox"/> Limited Liability Co.	
	<input type="checkbox"/> Trust	
	<input type="checkbox"/> Other	

In the event there are further questions about this report, please contact
Name: Reuel Crook / Sue McTague Telephone Number: (847) 670-8080
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 1/1/10 to 12/31/10 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) _____	3/31/2011
	(Type or Print Name) Reuel Crook	(Date)
Paid Preparer	(Title) Financial Director - Management Compan	
	(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 Plum Creek SLF

Report Period Beginning: 1/1/10 Ending: 12/31/10

III. STATISTICAL DATA

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

Date of change in certified unit: / /

	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	77	Single Unit Apartment	77	28,105	1
2	25	Double Unit Apartment	25	9,125	2
3		Other		3,285	3
4	102	TOTALS	102	40,515	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	23,482	3,485		26,967	5
6	Double Unit	7,275			7,275	6
7	Other	987			987	7
8	TOTALS	31,744	3,485	0	35,229	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.95%

D. Indicate the number of paid bed-hold days the SLF had during this year: 588 Also, indicate the number of unpaid bed-hold days the SLF had during this year: N/A (Do not include bed-hold days in Section B.)

E. Does page 3 include expenses for services or investment 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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/31/10 Fiscal Year: 12/31/10

* All facilities other than governmental must report on the accrual basis

J. Does the facility have any Illinois Housing Development Authority Loan 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. _____

Facility Name: Plum Creek SLF

Report Period Beginning

1/1/10

Ending:

12/31/10

IV. COST CENTER EXPENSES (please round to the nearest dollar)

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments: 5	Adjusted Total 6	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
A. General Services								
1	Dietary and Food Purchase	232,958	248,794		481,752		481,752	1
2	Housekeeping, Laundry and Maintenance	81,300	14,275	93,558	189,133	(12,773)	176,360	2
3	Heat and Other Utilities			89,530	89,530		89,530	3
4	Other (specify):				0		0	4
5	TOTAL General Services	314,258	263,069	183,088	760,415	(12,773)	747,642	5
B. Health Care and Programs								
6	Health Care/ Personal Care	413,600	9,408		423,008		423,008	6
7	Activities and Social Services	41,247	21,440		62,687	(7,209)	55,478	7
8	Other (specify):				0		0	8
9	TOTAL Health Care and Programs	454,847	30,848	0	485,695	(7,209)	478,486	9
C. General Administration								
10	Administrative and Clerical	197,347	84,372		281,719		281,719	10
11	Marketing Materials, Promotions and Advertising	55,551		14,963	70,514		70,514	11
12	Employee Benefits and Payroll Taxes	128,432	3,963	52,980	185,375		185,375	12
13	Insurance-Property, Liability and Malpractice			80,742	80,742		80,742	13
14	Other (specify): Professional & Mngmnt Fees			276,905	276,905		276,905	14
15	TOTAL General Administration	381,330	88,335	425,590	895,255	0	895,255	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,150,435	382,252	608,678	2,141,365	(19,982)	2,121,383	16
Capital Expenses								
D. Ownership								
17	Depreciation			560,013	560,013		560,013	17
18	Interest			743,842	743,842		743,842	18
19	Real Estate Taxes			72,000	72,000		72,000	19
20	Rent -- Facility and Grounds				0		0	20
21	Rent -- Equipment			27,940	27,940		27,940	21
22	Other (specify): Amtz of Prepaid Closing Costs			27,185	27,185		27,185	22
23	TOTAL Ownership	0	0	1,430,980	1,430,980	0	1,430,980	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,150,435	382,252	2,039,658	3,572,345	(19,982)	3,552,363	24

Facility Name: Plum Creek SLF

Report Period Beginning 1/1/10 Ending: 12/31/10

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 24.63	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	15	10.65	3
4	Activity Director & Assistants	1	19.23	4
5	Social Service Workers			5
6	Head Cook	1	21.63	6
7	Cook Helpers/Assistants	13	9.09	7
8	Dishwashers			8
9	Maintenance Workers	1	10.00	9
10	Housekeepers	3	8.27	10
11	Laundry			11
12	Managers	3	31.67	12
13	Other Administrative			13
14	Clerical	5	9.25	14
15	Marketing	1	26.44	15
16	Other			16
17	Total (lines 1 thru 16)	45	\$ 12.68	17

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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$ 0	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1 Providence Management	\$ 33,334	1
2 Royal Care Management	175,000	2
Total		\$ 208,334 3

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
N/A			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page YES NO

Name of related entity N/A 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 in your books and the underlying cost to the related party (i.e., not including markup)

Facility Name: Plum Creek SLF

Report Period Beginning:

1/1/10

Ending:

12/31/10

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

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	102		2006	2006	\$ 12,602,734	\$ 454,821	40	\$ 315,068	\$ (139,753)	\$ 1,913,846	1
2									0		2
3									0		3
4									0		4
5									0		5
Improvement Type											
6	Building Improvemen		2007		10,518	211	40		(211)		6
7	Building Improvemen		2007		3,392	68	40		(68)		7
8	Building Improvemen		2009		8,575	173	40		(173)		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 12,625,219	\$ 455,273		\$ 315,068	\$ (140,205)	\$ 1,913,846	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	\$ 472,832	\$ 97,776	\$ 67,463	(30,313)	7	\$ 392,880	18
19	Vehicles						854	19
20	TOTAL (lines 18 and 19)	\$ 472,832	\$ 97,776	\$ 67,463	#VALUE!		\$ 393,734	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: Plum Creek SLF

Report Period Beginning: 1/1/10

Ending: 12/31/10

IX. RENTAL COSTS

A. Building and Fixed Equipmen

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 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	0		\$ 0			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						
		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	Illinois Finance Authority		X	Building Purchase / Remode	4/1/06	\$ 11,600,000	\$ 11,600,000	12/1/37	6.5000	\$ 743,842	1					
2					/ /			/ /			2					
3					/ /			/ /			3					
Working Capital																
4					/ /			/ /			4					
5					/ /			/ /			5					
6					/ /			/ /			6					
7	TOTAL Facility Related						\$ 11,600,000	\$ 11,600,000			\$ 743,842	7				
B. Non-Facility Related																
8					/ /			/ /			8					
9					/ /			/ /			9					
10	TOTALS (lines 7, 8 and 9)						\$ 11,600,000	\$ 11,600,000			\$ 743,842	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

Facility Name: Plum Creek SLF

Report Period Beginning: 1/1/10

Ending:

12/31/10

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/10

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 293,108	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable Patients (less allowance)	70,061		3
4	Supply Inventory (priced a)			4
5	Short-Term Investment:			5
6	Prepaid Insurance	14,653		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)	\$ 377,822	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investment:			12
13	Land	849,401		13
14	Buildings, at Historical Cost	12,508,850		14
15	Leasehold Improvements, at Historical Cost	122,323		15
16	Equipment, at Historical Cost	489,448		16
17	Accumulated Depreciation (book methods)	(2,336,369)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	815,538		19
20	Accumulated Amortization Organization & Pre-Operating Costs	(129,128)		20
21	Restricted Funds	1,388,194		21
22	Other Long-Term Assets (specify)			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,708,257	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 14,086,079	\$ 0	25

*(See instructions.)

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 267,568	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits:	24,856		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	34,587		30
31	Accrued Taxes Payable	84,211		31
32	Accrued Interest Payable	62,100		32
33	Deferred Compensation			33
34	Federal and State Income Tax:			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 473,322	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	11,300,000		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)	\$ 11,300,000	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,773,322	\$ 0	45
46	TOTAL EQUITY	\$ 2,312,757	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 14,086,079	\$ 0	47

Facility Name: Plum Creek SLF

Report Period Beginning: 1/1/10

Ending:

12/31/10

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

		1	
Revenue		Amount	
A. SLF Resident Care			
1	Gross SLF Resident Revenue	\$ 3,182,884	1
2	Discounts and Allowances		2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 3,182,884	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	3,294	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 3,294	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	821	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 821	14
D. Other Revenue (specify):			
15	Telephone	28,659	15
16	Food Stamp Allowance	115,463	16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 144,122	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 3,331,121	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	747,642	19
20	Health Care/ Personal Care	478,486	20
21	General Administration	895,255	21
B. Capital Expense			
22	Ownership	1,430,980	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
TOTAL EXPENSES			
28	(sum of lines 19 thru 27)	\$ 3,552,363	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ (221,242)	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ (221,242)	31

