

		FOR BHF USE			

LL2

Supportive Living Facility

**2015
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2015)**

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.

<p>I. Facility ID Number: <u>1000037</u></p> <p>Facility Name: <u>Knollwood Retirement Center</u></p> <p>Address: <u>20 Jacksonville Pl</u> <u>Jacksonville</u> <u>62650</u> <small>Number City Zip Code</small></p> <p>County: <u>Morgan</u></p> <p>Telephone Number: (<u>217</u>) <u>245-5101</u> Fax # <u>217 245-2000</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>11/03/2005</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input type="checkbox"/> PROPRIETARY</td> <td><input type="checkbox"/> GOVERNMENTAL</td> </tr> <tr> <td><input type="checkbox"/> Charitable Corp.</td> <td><input type="checkbox"/> Individual</td> <td><input type="checkbox"/> State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input checked="" type="checkbox"/> Partnership</td> <td><input type="checkbox"/> County</td> </tr> <tr> <td>IRS Exemption Code _____</td> <td><input type="checkbox"/> Corporation</td> <td><input type="checkbox"/> Other _____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> "Sub-S" Corp.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Limited Liability Co.</td> <td>_____</td> </tr> <tr> <td></td> <td><input type="checkbox"/> Trust</td> <td></td> </tr> <tr> <td></td> <td><input type="checkbox"/> Other</td> <td>_____</td> </tr> </table> <p>In the event there are further questions about this report, please contact: Name: <u>Charles W. Fawcett, Jr.</u> Telephone Number: (<u>636</u>) <u>537-5900</u> Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input 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	_____	<p>II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER</p> <p>I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>01/01/2015</u> to <u>12/31/2015</u> 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.</p> <p>Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.</p> <table style="width:100%"> <tr> <td style="width:20%; vertical-align: top;"> Officer or Administrator of Provider </td> <td> (Signed) _____ (Type or Print Name) <u>Charles W. Fawcett, Jr.</u> (Title) <u>President of General Partner</u> </td> </tr> <tr> <td style="vertical-align: top;"> Paid Preparer </td> <td> (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ Fax # () _____ </td> </tr> </table> <p align="right"> 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 </p>	Officer or Administrator of Provider	(Signed) _____ (Type or Print Name) <u>Charles W. Fawcett, Jr.</u> (Title) <u>President of General Partner</u>	Paid Preparer	(Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ Fax # () _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT	<input type="checkbox"/> PROPRIETARY	<input type="checkbox"/> GOVERNMENTAL																											
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Facility Name Knollwood Retirement Center

Report Period Beginning: 01/01/2015 Ending: 12/31/2015

III. STATISTICAL DATA

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

Date of change in certified units 12/31/15

	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	82	Single Unit Apartment	82	29,930	1
2	4	Double Unit Apartment	4	1,460	2
3		Other			3
4	86	TOTALS	86	31,390	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	21,976	5,450		27,426	5
6	Double Unit		1,460		1,460	6
7	Other					7
8	TOTALS	21,976	6,910		28,886	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.02%

D. Indicate the number of paid bed-hold days the SLF had during this year 333 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 32 (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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 12/15 Fiscal Year: 12/15

* 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 principle? 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 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: Knollwood Retirement Center

Report Period Beginning:

01/01/2015

Ending: 12/31/2015

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	255,248	22,862	199,679	477,788		477,788	1
2	Housekeeping, Laundry and Maintenance	137,359	89,117	36,804	263,280		263,280	2
3	Heat and Other Utilities			91,819	91,819		91,819	3
4	Other (specify):							4
5	TOTAL General Services	392,607	111,978	328,302	832,887		832,887	5
B. Health Care and Programs								
6	Health Care/ Personal Care	401,690	5,753	2,707	410,150		410,150	6
7	Activities and Social Services	51,733	14,629	1,100	67,463		67,463	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	453,424	20,381	3,807	477,612		477,612	9
C. General Administration								
10	Administrative and Clerical	259,171	17,353	445,098	721,623		721,623	10
11	Marketing Materials, Promotions and Advertising			29,720	29,720		29,720	11
12	Employee Benefits and Payroll Taxes			175,035	175,035		175,035	12
13	Insurance-Property, Liability and Malpractice			54,437	54,437		54,437	13
14	Other (specify): Mortgage Premium			33,188	33,188		33,188	14
15	TOTAL General Administration	259,171	17,353	737,478	1,014,003		1,014,003	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,105,202	149,713	1,069,587	2,324,502		2,324,502	16
Capital Expenses								
D. Ownership								
17	Depreciation & Amortization			212,910	212,910		212,910	17
18	Interest			280,425	280,425		280,425	18
19	Real Estate Taxes			53,287	53,287		53,287	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			546,621	546,621		546,621	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,105,202	149,713	1,616,209	2,871,123		2,871,123	24

Facility Name: Knollwood Retirement Center

Report Period Beginning 01/01/2015 Ending: 12/31/2015

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 19.00	1
2	Licensed Practical Nurses	2	17.25	2
3	Certified Nurse Assistants	10	9.80	3
4	Activity Director & Assistants	2	12.00	4
5	Social Service Workers DON	1	25.00	5
6	Head Cook	3	10.50	6
7	Cook Helpers/Assistants	10	8.25	7
8	Dishwashers	3	8.25	8
9	Maintenance Workers	2	13.85	9
10	Housekeepers	4	8.83	10
11	Laundry Hsk Manager	1	11.00	11
12	Managers Administrator	1	36.06	12
13	Other Administrative	1	17.91	13
14	Clerical	4	11.17	14
15	Marketing	1	19.23	15
16	Other Dietary Manager	1	17.31	16
17	Total (lines 1 thru 16)	47	\$ 11.67	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				\$	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 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
Knollwood Management Services		St. Louis		Management Co.	

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: Knollwood Retirement Center

Report Period Beginning:

01/01/2015

Ending:

12/31/2015

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			2004	2004	\$ 8,121,402	\$ 203,040	40	\$ 203,040	\$	\$ 2,373,205	1
2			2004	2004	485,883		5			484,883	2
3			2004	2004	66,860		10			66,860	3
4											4
5											5
	Improvement Type										
6											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)				\$ 8,674,145	\$ 203,040		\$ 203,040	\$	\$ 2,924,948	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	\$ 84,429	\$ 2,208	\$ 2,208	\$	5	\$ 83,308	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 84,429	\$ 2,208	\$ 2,208	\$		\$ 83,308	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	Off Equip	\$ 70,667	\$ 2,100	\$ 67,113	21
22	Bld Equip	66,968	2,201	67,126	22
23	Furnishings	144,686	-	144,686	23
24	TOTALS (lines 21, 22 and 23)	\$ 282,321	\$ 4,301	\$ 278,925	24

Facility Name: Knollwood Retirement Center

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2015

(last day of reporting year)

		1	2	
		Operating	After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 15,881	\$ 15,881	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	309,857	309,857	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	51,761	51,761	6
7	Other Prepaid Expenses	4,291	4,291	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 381,790	\$ 381,790	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	500,000	500,000	13
14	Buildings, at Historical Cost	8,674,145	8,674,145	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	371,320	371,320	16
17	Accumulated Depreciation (book methods)	(3,287,182)	(3,287,182)	17
18	Deferred Charges	94,501	94,501	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	606,791	606,791	21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,959,574	\$ 6,959,574	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,341,364	\$ 7,341,364	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 134,213	\$ 134,213	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	53,287	53,287	31
32	Accrued Interest Payable	25,080	25,080	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)	\$ 212,579	\$ 212,579	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	111,684	111,684	38
39	Mortgage Payable	6,544,012	6,544,012	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)	\$ 6,655,696	\$ 6,655,696	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 6,868,275	\$ 6,868,275	45
46	TOTAL EQUITY	\$ 473,089	\$ 473,089	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,341,364	\$ 7,341,364	47

*(See instructions.)

Facility Name: Knollwood Retirement Center

Report Period Beginning: 01/01/2015

Ending:

12/31/2015

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	\$ 2,704,771	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,704,771	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	973	8
9	Non-Resident Meals	9,111	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 10,084	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	2,327	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,327	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)	\$ 2,717,182	18

		2	
Expenses		Amount	
A. Operating Expenses			
19	General Services	832,887	19
20	Health Care/ Personal Care	477,612	20
21	General Administration	1,014,003	21
B. Capital Expense			
22	Ownership	546,621	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)	\$ 2,871,123	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (153,941)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (153,941)	31