

		FOR BHF USE			

LL2

Supportive Living Facility

2016
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2016)

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>1000082</u></p> <p>Facility Name: <u>The Manor at Craig Farm</u></p> <hr/> <p>Address: <u>3030 State Street</u> <u>Chester</u> <u>62233</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>Perry</u></p> <p>Telephone Number: (<u>618</u>) <u>826-1400</u> Fax # <u>618</u>) <u>826-7022</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>8/16/2007</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT</td> <td><input checked="" 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:</p> <p>Name: <u>Deborah J Edwards</u> Telephone Number: (<u>618</u>) <u>233-1001</u></p> <p>Email Address: _____</p>	<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 _____		<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>1/1/16</u> to <u>12/31/16</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 border="1" style="width:100%"> <tr> <td style="width:20%; vertical-align: top;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>J. Michael Greer</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>Partner</u></td> <td></td> </tr> <tr> <td style="vertical-align: top;">Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) <u>Deborah J Edwards</u> <u>CPA</u></td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) <u>Creason-Edwards & Cimarolli, PC</u> <u>4000 N Belt West, Belleville, IL 62226</u></td> <td></td> </tr> <tr> <td></td> <td>(Telephone) <u>618</u>) <u>233-1001</u> Fax <u>618-233-6009</u></td> <td></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) _____	(Date) _____		(Type or Print Name) <u>J. Michael Greer</u>			(Title) <u>Partner</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) <u>Deborah J Edwards</u> <u>CPA</u>			(Firm Name & Address) <u>Creason-Edwards & Cimarolli, PC</u> <u>4000 N Belt West, Belleville, IL 62226</u>			(Telephone) <u>618</u>) <u>233-1001</u> Fax <u>618-233-6009</u>	
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Facility Name The Manor at Craig Farm

Report Period Beginning: 1/1/16 Ending: 12/31/16

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	24	Single Unit Apartment	24	8,760	1
2	26	Double Unit Apartment	26	9,490	2
3		Other			3
4	50	TOTALS	50	18,250	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	2,879	4,664		7,543	5
6	Double Unit	2,799	6,000		8,799	6
7	Other					7
8	TOTALS	5,678	10,664		16,342	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.55%

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

196 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

ACCRUAL MODIFIED CASH* CASH*

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

Tax Year: 2016 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? YES If yes, did the facility make all of the required payments of interest and principle? YES

If no, explain. 697650

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: The Manor at Craig Farm

Report Period Beginning:

1/1/16

Ending:

12/31/16

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	106,733	109,451	1,961	218,145	(5,735)	212,410	1
2	Housekeeping, Laundry and Maintenance	64,036	19,717	33,700	117,453		117,453	2
3	Heat and Other Utilities			54,565	54,565	(3,650)	50,915	3
4	Other (specify):			10,812	10,812		10,812	4
5	TOTAL General Services	170,769	129,167	101,038	400,975	(9,385)	391,590	5
B. Health Care and Programs								
6	Health Care/ Personal Care	227,475	2,879	7,256	237,609		237,609	6
7	Activities and Social Services	27,449	7,940	825	36,213	(825)	35,388	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	254,923	10,818	8,081	273,823	(825)	272,998	9
C. General Administration								
10	Administrative and Clerical	71,260	5,928	139,333	216,521		216,521	10
11	Marketing Materials, Promotions and Advertising		35,959	8,769	44,728		44,728	11
12	Employee Benefits and Payroll Taxes			64,334	64,334		64,334	12
13	Insurance-Property, Liability and Malpractice			19,832	19,832		19,832	13
14	Other (specify):							14
15	TOTAL General Administration	71,260	41,886	232,269	345,415		345,415	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	496,953	181,872	341,387	1,020,212	(10,210)	1,010,002	16
Capital Expenses								
D. Ownership								
17	Depreciation			191,948	191,948	(1,887)	190,061	17
18	Interest			172,281	172,281		172,281	18
19	Real Estate Taxes			67,000	67,000		67,000	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			495	495		495	21
22	Other (specify):			10,298	10,298	(8,550)	1,748	22
23	TOTAL Ownership			442,022	442,022	(10,437)	431,585	23
24	GRAND TOTAL (Sum of lines 16 and 23)	496,953	181,872	783,409	1,462,234	(20,647)	1,441,587	24

Facility Name: The Manor at Craig Farm

Report Period Beginning 1/1/16 Ending: 12/31/16

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 25.00	1
2	Licensed Practical Nurses	2	16.53	2
3	Certified Nurse Assistants	7	10.08	3
4	Activity Director & Assistants	1	12.99	4
5	Social Service Workers			5
6	Head Cook	1	13.00	6
7	Cook Helpers/Assistants	4	10.61	7
8	Dishwashers	1	8.83	8
9	Maintenance Workers	1	8.15	9
10	Housekeepers	1	8.96	10
11	Laundry	1	9.76	11
12	Managers	1	24.96	12
13	Other Administrative			13
14	Clerical	1	11.43	14
15	Marketing			15
16	Other	1	9.21	16
17	Total (lines 1 thru 16)	23	\$	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				\$	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	City
The Prairies	Carbondale
Clinton Manor Nursing Home	New Baden
See attached 2 schedule	

OTHER RELATED BUSINESS ENTITIES 697650

Name	City	Type of Business
Greer Management Services	Carlyle	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: The Manor at Craig Farm

Report Period Beginning:

1/1/16

Ending:

12/31/16

VIII. OWNERSHIP COSTS

A. Purchase price of land 64,744 Year land was acquired 2007 & 2010

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	40		2007	2007	\$ 4,018,051	\$ 146,111	28	\$ 146,111	\$ 0	\$ 1,363,702	1
2	10		2010	2010	900,000	32,727	28	32,727		223,636	2
3											3
4											4
5											5
Improvement Type											
6	Flooring		2010		2,206		5			2,206	6
7	Hardwood Flooring		2015		6,054	220	28	220		312	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)				\$ 4,926,311	\$ 179,058		\$ 179,058	\$ 0	\$ 1,589,856	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	\$ 294,729	\$ 10,760	\$ 8,873	(1,887)	5	\$ 269,720	18	
19	Vehicles	31,945	2,130	2,130		5	2,130	19	
20	TOTAL (lines 18 and 19)		\$ 326,674	\$ 12,890	\$ 11,003		(1,887)	\$ 271,850	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: The Manor at Craig Farm

Report Period Beginning: 1/1/16

Ending:

12/31/16

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/16

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 929,418	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	225,209		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,636		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)	\$ 1,171,263	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	64,744		13
14	Buildings, at Historical Cost	4,924,105		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	328,880		16
17	Accumulated Depreciation (book methods)	(1,871,793)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	30,213		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(16,313)		20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,459,836	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,631,099	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 9,724	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	46,133		30
31	Accrued Taxes Payable	72,444		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Other Accrued Liabilities	119,228		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 247,528	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	3,419,770		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	697650			42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 3,419,770	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,667,298	\$	45
46	TOTAL EQUITY	\$ 963,801	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,631,099	\$	47

*(See instructions.)

Facility Name: The Manor at Craig Farm

Report Period Beginning: 1/1/16

Ending:

12/31/16

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	\$ 1,559,793	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,559,793	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	5,735	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 5,735	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	639	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 639	14
D. Other Revenue (specify):			
15	Cable TV Income	3,650	15
16		(278)	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 3,372	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,569,539	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	400,975	19
20	Health Care/ Personal Care	273,823	20
21	General Administration	345,415	21
B. Capital Expense			
22	Ownership	442,022	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)	\$ 1,462,235	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 107,304	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 107,304	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 424,824	32
33	Private Pay - Net Inpatient Revenue	1,134,969	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,559,793	37

**The Manor at Craig Farms
2016**

Page 3, Schedule IV, Section D - Other Ownership Expenses

Line	Amount	Description
	7,587.00	Bad Debt Expense
	963.00	Replacement Tax
	799.00	Loan Cost Amortization
	<u>949.00</u>	Tax Credit Amortization
22	10,298.00	

Page 3, Schedule IV - Adjustments

Line	Amount	Description
1	(5,735.00)	Non-allowable meals not directly related to SLF resident care
3	(3,650.00)	Non-allowable Cable TV expense
7	(825.00)	Entertainment
17	(1,887.00)	Depreciation adjustment
22	<u>(8,550.00)</u>	Bad Debt & Replacement Tax
	(20,647.00)	

697650

**The Manor at Craig Farms
2016**

VII: RELATED ORGANIZATIONS

A.	RELATED SLF's & HEALTH CARE BUSINESSES			
	<u>Name</u> <u>1</u>	<u>City</u> <u>2</u>		
	Jerseyville Estates	Jerseyville		
	Manor at Mason Woods	Pinckneyville		
	Manor at Salem Woods	Salem		

C.	Related Organization	Nature of Expenditure	Facility Book Value	Actual Cost
	Greer Management Services, Inc.	Mgmt Srv/Payroll Srv/Vehicle Lse	\$ 95,060	\$ 104,692

**The Manor at Craig Farms
2016**

Page 6, Schedule IX - Item 10

Vehicle 1

Model	Town & Country
Year	2010
Make	Chrysler
Vehicle Use	Resident Transportation

Vehicle 2

Model	Explorer
Year	2004
Make	Ford
Vehicle Use	Resident Transportation

Total Rental Expense No payments made

697650