

		FOR BHF USE			

LL2

Supportive Living Facility
2017
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2017)

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: 1000136

Facility Name: HERITAGE WOODS OF PLAINFIELD

Address: 14731 S VAN DYKE RD PLAINFIELD 60544
Number City Zip Code

County: WILL

Telephone Number: (815) 267-3800 Fax # 815 267-3900

Federal Employer ID Number: _____

Date Current Owners were Certified: 11/21/2011

Type of Ownership:

<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 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 checked="" 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: Thomas Staszak **Telephone Number:** (815) 935-1992
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 01/01/2017 to 12/31/2017 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) <u>Greg Echols</u>	
	(Title) <u>CFO, Gardant Management Solutions</u>	
Paid Preparer	(Signed) _____	(Date) _____
	(Print Name and Title) _____	
	(Firm Name & Address) _____	
	(Telephone) (<u> </u>) _____ Fax # (<u> </u>) _____	

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: HERITAGE WOODS OF PLAINFIELD

Report Period Beginning:

01/01/2017

Ending: 12/31/2017

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	271,011	215,412	1,888	488,311		488,311	1
2	Housekeeping, Laundry and Maintenance	103,117	27,486	37,391	167,994		167,994	2
3	Heat and Other Utilities			139,709	139,709	(34,721)	104,988	3
4	Other (specify): See Page 3 Attachment			19,931	19,931		19,931	4
5	TOTAL General Services	374,128	242,898	198,919	815,945	(34,721)	781,224	5
B. Health Care and Programs								
6	Health Care/ Personal Care	537,729	13,988		551,717		551,717	6
7	Activities and Social Services	32,844	3,228		36,072		36,072	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	570,573	17,216		587,789		587,789	9
C. General Administration								
10	Administrative and Clerical	209,897	31,981	277,955	519,833	(30,862)	488,971	10
11	Marketing Materials, Promotions and Advertising	60,582	11,370	50,945	122,897		122,897	11
12	Employee Benefits and Payroll Taxes			283,485	283,485		283,485	12
13	Insurance-Property, Liability and Malpractice			43,080	43,080		43,080	13
14	Other (specify): See Page 3 Attachment			320,162	320,162	(16,093)	304,069	14
15	TOTAL General Administration	270,479	43,351	975,627	1,289,457	(46,955)	1,242,502	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,215,180	303,465	1,174,546	2,693,191	(81,676)	2,611,515	16
Capital Expenses								
D. Ownership								
17	Depreciation			324,762	324,762		324,762	17
18	Interest			406,588	406,588	(1,396)	405,192	18
19	Real Estate Taxes			83,580	83,580		83,580	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			10,507	10,507		10,507	21
22	Other (specify): See Page 3 Attachment			572,347	572,347		572,347	22
23	TOTAL Ownership			1,397,784	1,397,784	(1,396)	1,396,388	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,215,180	303,465	2,572,330	4,090,975	(83,072)	4,007,903	24

Facility Name: HERITAGE WOODS OF PLAINFIELD

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 12	1
2	Licensed Practical Nurses	2	22.17	2
3	Certified Nurse Assistants	17	11.27	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	13	10.23	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	9.19	10
11	Laundry			11
12	Managers	4	25.09	12
13	Other Administrative	4	24.83	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other			16
17	Total (lines 1 thru 16)	43	\$	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	Gardant Management Solutions	\$ 214,467	1
2			2
Total		\$ 214,467	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
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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 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: HERITAGE WOODS OF PLAINFIELD

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 847,138 Year land was acquired 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	108			2011	\$ 12,300,480	\$ 307,512	40	\$ 307,512	\$	\$ 1,896,179	1
2											2
3											3
4											4
5											5
Improvement Type											
6	Leasehold Improvements				301,335	15,067	20	15,067	(0)	94,169	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)				\$ 12,601,815	\$ 322,579		\$ 322,579	\$ (0)	\$ 1,990,348	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	\$ 808,763	\$ 2,183	\$ 161,753	159,570	5	\$ 808,763	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 808,763	\$ 2,183	\$ 161,753	159,570		\$ 808,763	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: HERITAGE WOODS OF PLAINFIELD

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: _____

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

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	Name of Lender	2		3	4	6		7	8	9	
			Related**				Purpose of Loan	Date of Note				
			YES	NO			Original	Balance				
A. Directly Facility Related												
Long-Term												
1		CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	9/1/2010	\$ 12,200,000	\$	9/1/2050	0.0540	\$ 52,453	1
2		CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	1/24/2017	11,645,896	11,486,963	9/1/2050	0.0334	354,136	2
3												3
Working Capital												
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 23,845,896	\$ 11,486,963			\$ 406,588	7
B. Non-Facility Related												
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 23,845,896	\$ 11,486,963			\$ 406,588	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: HERITAGE WOODS OF PLAINFIELD

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1	2	
		Operating	After	
			Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,556,571	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (43,912))	681,332		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,233		6
7	Other Prepaid Expenses	3,289		7
8	Accounts Receivable (owners or related parties)	10,078		8
9	Other(specify): See Page 7 Attachment	1,275		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,263,779	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	847,138		13
14	Buildings, at Historical Cost	12,300,480		14
15	Leasehold Improvements, at Historical Cost	301,335		15
16	Equipment, at Historical Cost	808,763		16
17	Accumulated Depreciation (book methods)	(2,799,110)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	41,644		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(25,678)		20
21	Restricted Funds	1,355,282		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): See Page 7 Attachment	1,000		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 12,830,853	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,094,632	\$	25

		1	2	
		Operating	After	
			Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 320,411	\$	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	90,510		31
32	Accrued Interest Payable	31,972		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	559,608		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,002,501	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	10,777,026		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)	\$ 10,777,026	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,779,528	\$	45
46	TOTAL EQUITY	\$ 3,315,105	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,094,632	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF PLAINFIELD

Report Period Beginning: 01/01/2017

Ending:

12/31/2017

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	\$ 4,115,378	1
2	Discounts and Allowances	(4,309)	2
SUBTOTAL Resident Care			
3	(line 1 minus line 2)	\$ 4,111,069	3
B. Other Operating Revenue			
4	Special Services	183,704	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	11,715	8
9	Non-Resident Meals	1,368	9
10	Laundry		10
SUBTOTAL OTHER OPERATING REVENUE			
11	(sum of lines 4 thru 10)	\$ 196,787	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	1,396	13
SUBTOTAL Non-Operating Revenue			
14	(sum of lines 12 and 13)	\$ 1,396	14
D. Other Revenue (specify):			
15	See Page 8 Attachment	9,993	15
16			16
SUBTOTAL Other Revenue			
17	(sum of lines 15 and 16)	\$ 9,993	17
TOTAL REVENUE			
18	(sum of lines 3, 11, 14 and 17)	\$ 4,319,245	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	815,945	19
20	Health Care/ Personal Care	587,789	20
21	General Administration	1,289,457	21
B. Capital Expense			
22	Ownership	1,397,784	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)	\$ 4,090,975	28
Income Before Income Taxes			
29	(line 18 minus line 28)	\$ 228,270	29
Income Taxes			
30		\$	30
NET INCOME OR LOSS FOR THE YEAR			
31	(line 29 minus line 30)	\$ 228,270	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 2,056,769	32
33	Private Pay - Net Inpatient Revenue	2,054,300	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,111,069	37

Expenses PG 3 Other

General Services Other	Health Care & Programs	General Administration Other	Amt	Ownership Other	Amt
5200-5000-0-0 Operating Allocation	-	5160-5060-0-0 Consulting	15,470	9100-9101-0-0 Interest & Dividend Income	-
5200-5124-0-0 Exterminating	1,840	5160-5063-0-0 Legal	1,344	9100-9102-0-0 Assessment Income	-
5200-5127-0-0 Rubbish Removal	6,941	5160-5064-0-0 Accounting	183	9100-9103-0-0 Assessment Expense	-
5200-5130-0-0 Vehicle Expense	2,328	5160-5066-0-0 Audit	10,534	9200-9201-1-0 Amortization - Loan Fees	20,656
5200-5131-0-0 Transportation Service	-	5160-5067-0-0 Contract Labor-Serv Prov	268,662	9200-9202-0-0 Financing Fees	8,766
5300-5140-0-0 Security & Monitoring	8,822	5160-5068-0-0 Contract Labor	7,876	9200-9203-1-0 Mortgage Interest Premium	-
		5180-5079-0-0 Bad Debt - Resident	14,976	9200-9204-0-0 Mortgage Service Fee	-
		5180-5079-1-0 Bad Debt - Resident - Recovery	-	9200-9205-0-0 Mortgage Insurance Prem	52,196
		5180-5080-0-0 Bad Debt - Resident Prior Period	-	9200-9206-0-0 Participation Fee	-
		5180-5081-0-0 Bad Debt - Medicaid Pending Denial	5,474	9200-9207-0-0 Letter of Credit Fee	3,660
		5180-5081-1-0 Bad Debt - Medicaid Pending - Recovery	-	9200-9208-0-0 Bond & Draw Fee	-
		5180-5082-0-0 Bad Debt - Medicaid Denial Prior Period	-	9200-9209-0-0 Remarketing and Trustee Fee	-
		5180-5083-0-0 Bad Debt - Medicaid MCO	(4,357)	9200-9210-0-0 Interest Expense-Note	-
		5190-5000-0-0 Other Admin Allocation	-	9200-9211-0-0 Interest Expense-LP	-
				9200-9212-0-0 Debt Write-Off	-
				9300-9301-0-0 Partnership Management Fee	226,870
				9300-9302-0-0 Asset Management Fee	14,926
				9300-9303-0-0 Incentive Management	238,810
				9300-9303-1-0 Incentive Asset Mgmt Fee	-
				9300-9304-0-0 Tax Credit Fees & Incentive Fee	2,300
				9300-9305-0-0 Organizational Expense	-
				9300-9306-0-0 Developer Fees	-
				9300-9307-0-0 Closing Costs	-
				9700-9702-0-0 Amortization Expense	4,164
				9900-9901-0-0 Prior Period Adjustments	-
				9900-9902-0-0 Dissolution of Business	-
				9900-9903-0-0 Loss (Gain) on Sale of Assets	-
				9900-9904-0-0 Business Interruption	-
				9900-9905-0-0 Settlement	-
				9900-9906-0-0 Property Damage Loss	-
				9900-9907-0-0 Abandonment Loss	-
				9900-9908-0-0 Grant Income	-
				9900-9909-0-0 Misc: Title, Recording, Transfe	-
	19,931				
			320,162		572,347

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt	Current Liabilities Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-	2111-0040-0-0	Construction Account Payable	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-	2112-0100-0-0	Accrued Asset Management Fee	14,926
1102-9973-0-0	A/R-Insurance Reimbursemen	-	2112-0101-0-0	Accrued Partnership Mgmt Fee	226,870
1102-9974-0-0	A/R-Subscription Receivable	-	2112-0102-0-0	Accrued Incentive Mgmt Fee	238,810
1102-9975-0-0	A/R-CIP	-	2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
1102-9976-0-0	A/R-Other	966	2112-0105-0-0	Accrued Liabilities	29,507
1102-9978-0-0	A/R-TIF/Abatement	-	2112-0110-0-0	Accrued Insurance	-
1105-0006-0-0	Security Deposit-Equip & Util	310	2112-0115-0-0	Accrued Developer Fee	-
1105-0009-0-0	Transfer Account	-	2112-0130-0-0	Accrued MIP	-
1105-0012-0-0	Undeposited Funds	-	2112-0140-0-0	Accrued Vacation	-
			2112-0144-0-0	Payroll Union Dues	-
			2112-0146-0-0	Payroll Benefits	-
			2112-0150-0-0	Security Deposits	-
			2112-0154-0-0	Unclaimed Property	2
			2112-0155-0-0	Reservation Deposit	-
			2112-0156-0-0	Buy Down Credit	-
			2112-0157-0-0	Unapplied Last Month Rent	-
			2112-0158-0-0	Deferred Gain on Sale	-
			2112-0159-0-0	Unearned Revenue	49,493
			2112-0159-1-0	Medicaid Prepayments	-
			2112-0159-2-0	Prepaid Medicaid Clearing	-
			2112-0159-3-0	Prepaid Rent	-
		1,275			559,608

Other Long Term Assets Detail		Amt
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	1,000
1201-0022-0-0	CIP- Other Addition	-

#####

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,672
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
3300-3393-0-0	Insurance Adjustments	4,721
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		9,993