

		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.

<p>I. Facility ID Number: <u>1000098</u></p> <p>Facility Name: <u>WOODRIDGE SUP LVG RES GENESE</u></p> <hr/> <p>Address: <u>620 OLIVIA COURT</u> <u>GENESE</u> <u>61254</u></p> <p align="center">Number City Zip Code</p> <p>County: <u>HENRY</u></p> <p>Telephone Number: (<u>847</u>) <u>679-8219</u> Fax # (<u>847</u>) <u>679-7377</u></p> <p>Federal Employer ID Number: _____</p> <p>Date Current Owners were Certified: <u>07/02/2008</u></p> <p>Type of Ownership:</p> <table style="width:100%"> <tr> <td><input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.</td> <td><input checked="" type="checkbox"/> PROPRIETARY Individual</td> <td><input type="checkbox"/> GOVERNMENTAL State</td> </tr> <tr> <td><input type="checkbox"/> Trust</td> <td><input 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 checked="" 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: _____ Telephone Number: (_____) _____ Email Address: _____</p>	<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input checked="" type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL 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 _____	_____	<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>01/01/2017</u> to <u>12/31/2017</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%;">Officer or Administrator of Provider</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Type or Print Name) <u>MARSHALL MAUER</u></td> <td></td> </tr> <tr> <td></td> <td>(Title) <u>TREASURER</u></td> <td></td> </tr> <tr> <td>Paid Preparer</td> <td>(Signed) _____</td> <td>(Date) _____</td> </tr> <tr> <td></td> <td>(Print Name and Title) _____</td> <td></td> </tr> <tr> <td></td> <td>(Firm Name & Address) _____</td> <td></td> </tr> <tr> <td></td> <td>(Telephone) (_____) _____</td> <td>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) _____	(Date) _____		(Type or Print Name) <u>MARSHALL MAUER</u>			(Title) <u>TREASURER</u>		Paid Preparer	(Signed) _____	(Date) _____		(Print Name and Title) _____			(Firm Name & Address) _____			(Telephone) (_____) _____	Fax # (_____) _____
<input type="checkbox"/> VOLUNTARY, NON-PROFIT Charitable Corp.	<input checked="" type="checkbox"/> PROPRIETARY Individual	<input type="checkbox"/> GOVERNMENTAL State																																									
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	(Print Name and Title) _____																																										
	(Firm Name & Address) _____																																										
	(Telephone) (_____) _____	Fax # (_____) _____																																									

Facility Name: WOODRIDGE SUP LVG RES GENESE

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	118,869	131,274	2,306	252,449		252,449	1
2	Housekeeping, Laundry and Maintenance	56,441	31,572	5,203	93,216		93,216	2
3	Heat and Other Utilities			86,805	86,805		86,805	3
4	Other (specify):			4,862	4,862		4,862	4
5	TOTAL General Services	175,310	162,846	99,176	437,332		437,332	5
B. Health Care and Programs								
6	Health Care/ Personal Care	329,051	1,054		330,105		330,105	6
7	Activities and Social Services	42,426	6,420		48,846		48,846	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	371,477	7,474		378,951		378,951	9
C. General Administration								
10	Administrative and Clerical	92,429	8,826	134,581	235,836	16,091	251,927	10
11	Marketing Materials, Promotions and Advertising			16,259	16,259		16,259	11
12	Employee Benefits and Payroll Taxes			143,605	143,605		143,605	12
13	Insurance-Property, Liability and Malpractice			11,067	11,067	7,223	18,290	13
14	Other (specify):							14
15	TOTAL General Administration	92,429	8,826	305,512	406,767	23,314	430,081	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	639,216	179,146	404,688	1,223,050	23,314	1,246,364	16
Capital Expenses								
D. Ownership								
17	Depreciation			5,557	5,557	105,435	110,992	17
18	Interest					154,177	154,177	18
19	Real Estate Taxes					51,041	51,041	19
20	Rent -- Facility and Grounds			360,000	360,000	(360,000)		20
21	Rent -- Equipment			9,652	9,652		9,652	21
22	Other (specify):							22
23	TOTAL Ownership			375,209	375,209	(49,347)	325,862	23
24	GRAND TOTAL (Sum of lines 16 and 23)	639,216	179,146	779,897	1,598,259	(26,033)	1,572,226	24

Facility Name: WOODRIDGE SUP LVG RES GENESE

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	1	\$ 17.20	1
2	Licensed Practical Nurses	2	18.14	2
3	Certified Nurse Assistants	11	11.67	3
4	Activity Director & Assistants	1	10.38	4
5	Social Service Workers			5
6	Head Cook	2	13.30	6
7	Cook Helpers/Assistants	6	9.48	7
8	Dishwashers			8
9	Maintenance Workers	1	12.01	9
10	Housekeepers	2	9.99	10
11	Laundry			11
12	Managers	1	31.71	12
13	Other Administrative			13
14	Clerical	1	20.50	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	28	\$ 13.09	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	ESTHER MARYLES	0.0833	25.2	\$ 4,500	1
2	DANIEL AARON	0.0389	2.16	4,133	2
3					3
4					4
5					5
				Total	\$ 8633 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
WOODRIDGE OF GALESBURG		GALESBURG	
SEE ATTACHED			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
SEE ATTACHED					

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: DYNAMIC HEALTHCARE CONSULTANTS If yes, what is the value of those services? \$ 40,519

(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: WOODRIDGE SUP LVG RES GENESE

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 251,148 Year land was acquired 2007

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	60		2008	2008	\$ 4,064,630	\$	39	\$ 105,435	\$ 105,435	\$ 1,322,737	1
2											2
3		RELATED PARTY			11,090			317	317	7,710	3
4											4
5											5
Improvement Type											
6		PLUMBING WORK		2010	2,938		27.5	107	107	762	6
7		DOOR		2011	1,925		27.5	70	70	464	7
8		CARPENTRY AND LABOR		2011	6,219		27.5	226	226	1,403	8
9		REPAIR WALLPAPER		2012	1,122		27.5	41	41	135	9
10		SIDEWALK		2012	11,344		15.0	378	378	8,129	10
11		LANDSCAPING		2013	4,553		15.0	304	304	1,241	11
12		WINDOW TREATMENTS/DECORATING		2013	5,463		27.5	199	199	861	12
13		DATA WIRING/DVR'S		2013	3,507		27.5	203	203	719	13
14		SPRINKLER REPAIRS, OFFSET TRAP SUPPLY		2013	3,620		27.5	57	57	402	14
15		NURSE CALL PAGERS,PENDANT,WIRELESS CONNE		2014	19,320		27.5	703	703	3,117	15
16		ALARM, WATER HEATER, SOFTENER, GRAVEL PAI		2015	23,371		27.5	907	907	2,360	16
17		TOTAL (lines 1 thru 16)			\$ 4,159,102	\$		\$ 108,947	\$ 108,947	\$ 1,350,040	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	\$ 274,208	\$	\$ 27,421	27,421	10	\$ 213,237	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 274,208	\$	\$ 27,421	27,421		\$ 213,237	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: WOODRIDGE SUP LVG RES GENESE

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

VIII. OWNERSHIP COSTS

	1	FOR BHF USE ONLY	2	3	4	5	6	7	8	9	
	Units*		Year	Year	Cost	Current Book	Life	Straight Line	Adjustments	Accumulated	
			Acquired	Constructed		Depreciation	in Years	Depreciation		Depreciation	
1					\$	\$		\$	\$	0	\$
2									0		2
3									0		3
4									0		4
5									0		5
		Improvement Type									
6		KITCHEN FLOORING	2017		7,680		27.5	140	140	140	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14						(110,992)			110,992		14
15									0		15
16									0		16
17		TOTAL (lines 1 thru 16)			\$ 7,680	\$ (110,992)		\$ 140	\$ 111,132	\$ 140	17

Facility Name: WOODRIDGE SUP LVG RES GENESE

Report Period Beginning: 01/01/2017

Ending: 2/31/2017

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: NA

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 \$ _____

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**	YES			NO	Amount of Note				
					Purpose of Loan	Date of Note	Original		Maturity Date			
		A. Directly Facility Related										
		Long-Term										
1		HEARTLAND BANK		X	MORTGAGE	4/9/14	\$ 4,089,500	\$ 3,817,563	5/1/44	4.0000	\$ 154,177	1
2						/ /			/ /			2
3						/ /			/ /			3
		Working Capital										
4						/ /			/ /			4
5						/ /			/ /			5
6						/ /			/ /			6
7		TOTAL Facility Related					\$ 4,089,500	\$ 3,817,563			\$ 154,177	7
		B. Non-Facility Related										
8						/ /			/ /			8
9						/ /			/ /			9
10		TOTALS (lines 7, 8 and 9)					\$ 4,089,500	\$ 3,817,563			\$ 154,177	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: WOODRIDGE SUP LVG RES GENESE

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	\$ 287,079	\$ 400,575	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	106,990	106,990	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,605	27,496	6
7	Other Prepaid Expenses	1,268	1,268	7
8	Accounts Receivable (owners or related parties)	130,380	195,380	8
9	Other(specify): ESCROWS		195,839	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 540,322	\$ 927,548	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		251,148	13
14	Buildings, at Historical Cost		4,064,630	14
15	Leasehold Improvements, at Historical Cost	94,335	94,335	15
16	Equipment, at Historical Cost	54,808	256,460	16
17	Accumulated Depreciation (book methods)	(59,280)	(1,259,592)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		116,263	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(14,533)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): SECURITY DEPOSIT	3,000	3,000	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 92,863	\$ 3,511,711	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 633,185	\$ 4,439,259	25

		1	2	
		Operating	After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 49,614	\$ 49,614	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	50,453	50,453	30
31	Accrued Taxes Payable	1,719	51,719	31
32	Accrued Interest Payable		12,725	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	INTERCOMPANY PAYABLE		470,402	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 101,786	\$ 634,913	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		3,817,563	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)	\$	\$ 3,817,563	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 101,786	\$ 4,452,476	45
46	TOTAL EQUITY	\$ 531,399	\$ (13,217)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 633,185	\$ 4,439,259	47

*(See instructions.)

Facility Name: WOODRIDGE SUP LVG RES GENESE

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	\$ 1,972,253	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,972,253	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	270	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 270	11
C. Non-Operating Revenue			
12	Contributions		12
13	Interest and Other Investment Income	284	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 284	14
D. Other Revenue (specify):			
15	FOOD STAMPS	10,844	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,844	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,983,651	18

		2	
II. Expenses		Amount	
A. Operating Expenses			
19	General Services	437,332	19
20	Health Care/ Personal Care	378,951	20
21	General Administration	406,767	21
B. Capital Expense			
22	Ownership	375,209	22
C. Other Expenses			
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	PRIOR PERIOD	5,752	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,604,011	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 379,640	29
30	Income Taxes	\$ 6,994	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 372,646	31
III. Net Resident Care Revenue detailed by Payer Source			
32	Medicaid - Net Inpatient Revenue	\$ 436,318	32
33	Private Pay - Net Inpatient Revenue	1,535,935	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,972,253	37

WOODRIDGE OF GENESEO
12/31/2017

PAGE 3 COLUMN 5 RECLASSIFICATIONSADJUSTMENTS

LINE 14 CONTRIBUTION (250)

RELATED PARTY LANDLORD

LINE 17	DEPRECIATION	105,435
LINE 18	MORTGAGE INTEREST	154,177
LINE 19	REAL ESTATE TAXES	51,041
LINE 10	PROFESSIONAL FEES	16,341
LINE 13	PROPERTY INSURANCE	7,223
LINE 20	RENT	(360,000)
LINE 24	GRAND TOTAL	<u>(26,033)</u>

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES		90,000
	UTILITIES	271	
	REPAIRS & MAINT	2,106	
	EMP. BEN.-GEN. SERV.	55	
	PROFESSIONAL FES	158	
	DUES & SUBSCRIPTIONS	977	
	CLERICAL & GENERAL	7,242	
	SEMINARS & TRAVEL	91	
	AUTO EXP	930	
	INSURANCE	1,091	
	DEPRECIATION	762	
	INTEREST	467	
	REAL ESTATE TAXES	847	
	REAL ESTATE TAXES PROTEST FEES	68	
	AUTO RENTAL	3,275	
	EQUIPMENT RENTAL	140	
	CLERICAL COMP	18,020	
	CLERICAL BENEFITS	4,021	
		<u>40,519</u>	

WOODRIDGE OF GENESEO
RELATED HEALTHCARE ENTITIES

BRADLEY
BRIDGEVIEW HEALTHCARE CENTER
GROSSE POINT
OTTAWA PAVILION
PARK RIDGE
STERLING PAVILION
WATERFRONT TERRACE
WILLOW CREST
WINDMILL NURSING PAVILION
WOODBIDGE

BRADLEY
BRIDGEVIEW
NILES
OTTAWA
PARK RIDGE
STERLING
CHICAGO
SANDWICH
SOUTH HOLLAND
CHICAGO

OTHER RELATED BUSINESSES

DYNAMIC HEALTHCARE CONSULTANTS
SEASONS HOSPICE
NORTHWEST ILLINOIS HOLDINGS

SKOKIE
PARK RIDGE

BOOKKEEPING COMPANY
HOSPICE
BUILDING CO.