FOR BHF USE

LL2

Supportive Living Facility

2013
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2013)

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: 1000003

Facility Name: Heritage Woods of Flora

Address: 1003 West 4th Street (Number) Flora (City) 62839 (Zip Code)

County: Clay

Telephone Number: 618-662-4599 **Fax #** 618-662-6179

Federal Employer ID Number:

Date Current Owners were Certified: 10/25/07

Type of Ownership:

[ ] VOLUNTARY, NON-PROFIT	[ ] PROPRIETARY	[ ] GOVERNMENTAL
[ ] Charitable Corp.	[ ] Individual	[ ] State
[ ] Trust	[ ] Partnership	[ ] County
IRS Exemption Code	[ ] Corporation	[ ] Other
	[ ] "Sub-S" Corp.	
	[X] Limited Liability Co.	
	[ ] Trust	
	[ ] Other	

In the event there are further questions about this report, please contact:

Name: Selena Edgington **Telephone Number:** 815-935-1992 EXT 232

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 01/01/13 to 12/31/13 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) David J. Mitchell

(Title) CFO, BMA Management, LTD

Paid Preparer

(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 Heritage Woods of Flora Report Period Beginning: 01/01/13 Ending: 12/31/13

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days
Date of change in certified units / /

	1 Units at Beginning of Report Period	2 Type of Apartment	3 Units at End of Report Period	4 Unit Days During Report Period	
1	52	Single Unit Apartment	52	18,980	1
2		Double Unit Apartment			2
3		Other			3
4	52	TOTALS	52	18,980	4

B. Census-For the entire report period.

	1 Type of Unit	2 Resident Days by Unit and Primary Source of Payment: Medicaid Recipient	3 Private Pay	4 Other	5 Total	
5	Single Unit	8,314	8,314		16,628	5
6	Double Unit					6
7	Other					7
8	TOTALS	8,314	8,314		16,628	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.61%

D. Indicate the number of paid bed-hold days the SLF had during this year 163 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** None **(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 [X]

F. Does the BALANCE SHEET reflect any non-SLF assets?
YES [ ] NO [X]

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*
[X]	[ ]	[ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 2013 **Fiscal Year:** 2013
*** All facilities other than governmental must report on the accrual basis.**

J. Does the facility have any Illinois Housing Development Authority Loans 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: Heritage Woods of Flora **Report Period Beginning: 01/01/13 Ending: 12/31/13**

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

	Operating Expenses	Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	123,422	93,395	1,725	218,542		218,542	1
2	Housekeeping, Laundry and Maintenance	52,513	23,674	60,910	137,097		137,097	2
3	Heat and Other Utilities			79,881	79,881	(6,401)	73,480	3
4	Other (specify):			5,202	5,202		5,202	4
5	**TOTAL General Services**	175,935	117,069	147,718	440,722	(6,401)	434,321	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	191,490	1,144		192,634		192,634	6
7	Activities and Social Services		2,169		2,169		2,169	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	191,490	3,313		194,803		194,803	9
	C. General Administration							
10	Administrative and Clerical	71,642	6,419	151,265	229,326	(10,977)	218,349	10
11	Marketing Materials, Promotions and Advertising	34,061	4,018	11,401	49,480		49,480	11
12	Employee Benefits and Payroll Taxes			126,100	126,100		126,100	12
13	Insurance-Property, Liability and Malpractice			16,532	16,532		16,532	13
14	Other (specify):			15,187	15,187		15,187	14
15	**TOTAL General Administration**	105,703	10,437	320,485	436,625	(10,977)	425,648	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	473,128	130,819	468,203	1,072,150	(17,378)	1,054,772	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest			3,265	3,265		3,265	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			315,972	315,972		315,972	20
21	Rent -- Equipment							21
22	Other (specify):			510	510		510	22
23	**TOTAL Ownership**			319,747	319,747		319,747	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	473,128	130,819	787,950	1,391,897	(17,378)	1,374,519	24

Facility Name: Heritage Woods of Flora **Report Period Beginning: 01/01/13 Ending: 12/31/13**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 21.87	1
2	Licensed Practical Nurses	0	14.75	2
3	Certified Nurse Assistants	7	9.21	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	11.25	6
7	Cook Helpers/Assistants	5	8.97	7
8	Dishwashers			8
9	Maintenance Workers	1	15.59	9
10	Housekeepers	1	8.52	10
11	Laundry			11
12	Managers	1	25.31	12
13	Other Administrative	1	11.05	13
14	Clerical			14
15	Marketing	1	17.33	15
16	Other			16
17	Total (lines 1 thru 16)	20	$	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	BMA MANAGEMENT, LTD	$ 66,446	1
2			2
		Total $ 66,446	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		OTHER RELATED BUSINESS ENTITIES		
Name 1	City 2	Name 3	City 4	Type of Business 5
DSI Manteno Operator & Owner	Manteno			
DSI Watseka Operator & Owner	Watseka			
DSI Ottawa Operator & Owner	Ottawa			

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 [X]

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 [X]

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 Flora Report Period Beginning: 01/01/13 Ending: 12/31/13

VIII. OWNERSHIP COSTS

A. Purchase price of land 15,219 Year land was acquired 1999

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	52			2000	$ 2,820,283	$ 102,555	28	$ 102,556	$ 0	$ 636,710	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	LAND IMPROVEMENTS										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)				$ 2,820,283	$ 102,555		$ 102,556	$ 0	$ 636,710	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	$ 267,498	$ 29,038	$ 17833.2	(11,204)	15	$ 150,589	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 267,498	$ 29,038	$ 17,833	(11,204)		$ 150,589	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 Flora Report Period Beginning: 01/01/13 Ending: 12/31/13

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 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 Related** YES	2 Related** NO	3 Purpose of Loan	4 Date of Note	6 Amount of Note Original	6 Amount of Note Balance	7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
	A. Directly Facility Related Long-Term										
1					/ /	$	$	/ /		$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	PEOPLES BANK		X	LINE OF CREDIT	11/26/13	340,000	60,105	11/24/14	VARIABLE	3,265	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 340,000	$ 60,105			$ 3,265	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 340,000	$ 60,105			$ 3,265	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 Flora **Report Period Beginning:** 01/01/13 **Ending:** 12/31/13

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/13 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 904	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	172,901 (919)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	6,577		6
7	Other Prepaid Expenses	12,433		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 191,896	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			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)**	$	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 191,896	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 61,091	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	4,533		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	26,102		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Se Page 7 Attachment	78,587		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 170,313	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			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)**	$	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 170,313	$	45
46	**TOTAL EQUITY**	$ 21,583	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 191,896	$	47

***(See instructions.)**

Facility Name: Heritage Woods of Flora **Report Period Beginning: 01/01/13 Ending: 12/31/13**

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

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 1,384,461	1
2	Discounts and Allowances	(11,679)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,372,782	3
	B. Other Operating Revenue		
4	Special Services	71,137	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	10,277	8
9	Non-Resident Meals	8,316	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 89,730	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	12,703	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 12,703	14
	D. Other Revenue (specify):		
15	**Insurance Adjustments**	2,902	15
16	**Late Fees**	60	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 2,962	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,478,177	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	440,722	19
20	Health Care/ Personal Care	194,803	20
21	General Administration	436,625	21
	B. Capital Expense		
22	Ownership	319,747	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)**	$ 1,391,897	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 86,280	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 86,280	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,896
Rubbish Removal	1,896
Vehicle Expense	
Transportation Service	1,410
Water Softener	
Misc Operating	
Total	**5,202**

C. General Administration - Other

Consulting	678
Legal	667
Accounting	170
Audit	8,284
Contract labor-Serv Prov	1,200
Bad Debt	4,188
Contract labor	
Total	**15,187**

D. Ownership

Letter of Credit	510
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	

Tax Credit Fee & Incentive Fee	
Amortization Expense	
Remarketing and Trustee Fee	
Property Damage Loss	
Gain on Sale	
Total	**510**

Reclassifications and Adjustments

Heat & Other Utilities	(6,401)	Cable
Administrative and Clerical	(10,977)	Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	7,289
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Unclaimed Property	17
Unearned Revenue	8,976
Accrued MIP	
Reservation Deposit	2,200
Line of Credit	60,105
Total Other Current Liabilities	**78,587**