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: 1000017

Facility Name: Robbins SL

Address: 13820 Utica Avenue (Number) Robbins (City) 60472 (Zip Code)

County: Cook

Telephone Number: ((708) 389-7140 **Fax #**

Federal Employer ID Number:

Date Current Owners were Certified: 1/1/2016

Type of Ownership:

	VOLUNTARY, NON-PROFIT	X	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: Steven N. Lavenda **Telephone Number:** (847) 282 - 6300
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 1/1/2017 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)
(Title)

Paid Preparer

(Signed) (Date)
** Subject to the attached Accountants' Consulting Report*
(Print Name and Title)
(Firm Name & Address) Marcum LLP, Nine Parkway North, Suite 200 Deerfield, IL 60015
(Telephone) (847) 282-6300 Fax (847) 282-6301

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 Robbins SL Report Period Beginning: 1/1/2017 Ending: 12/31/2017

III. STATISTICAL DATA

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

	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	103	Single Unit Apartment	103	37,595	1
2	25	Double Unit Apartment	25	9,125	2
3		Other			3
4	128	TOTALS	128	46,720	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	44,750	209		44,959	5
6	Double Unit					6
7	Other					7
8	TOTALS	44,750	209		44,959	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 96.23%

D. Indicate the number of paid bed-hold days the SLF had during this year None **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)
None

H. ACCOUNTING BASIS
ACCRUAL [X] MODIFIED CASH* [ ] CASH* [ ]

I. Is your fiscal year identical to your tax year? [X] YES [ ] NO
Tax Year: 12/31/17 Fiscal Year: 12/31/17
* 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?** N/A
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?** N/A
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?** N/A
If no, explain.

Facility Name: Robbins SL **Report Period Beginning: 1/1/2017 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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	181,643	243,253	4,224	429,120		429,120	1
2	Housekeeping, Laundry and Maintenance	190,467	40,737	104,956	336,160	(102)	336,058	2
3	Heat and Other Utilities			91,150	91,150	915	92,065	3
4	Other (specify):							4
5	**TOTAL General Services**	372,110	283,990	200,330	856,430	813	857,243	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	403,142	5,487		408,629	4,287	412,916	6
7	Activities and Social Services	42,894	1,735	5,144	49,773		49,773	7
8	Other (specify):					791	791	8
9	**TOTAL Health Care and Programs**	446,036	7,222	5,144	458,402	5,078	463,480	9
	C. General Administration							
10	Administrative and Clerical	214,939	5,836	276,039	496,814	(142,324)	354,490	10
11	Marketing Materials, Promotions and Advertising	45,716	912	2,738	49,366	351	49,717	11
12	Employee Benefits and Payroll Taxes			202,062	202,062		202,062	12
13	Insurance-Property, Liability and Malpractice			60,178	60,178	1,847	62,025	13
14	Other (specify):					15,199	15,199	14
15	**TOTAL General Administration**	260,655	6,748	541,017	808,420	(124,927)	683,493	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,078,801	297,960	746,491	2,123,252	(119,036)	2,004,216	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					300,595	300,595	17
18	Interest			3,778	3,778	438,424	442,202	18
19	Real Estate Taxes			226,311	226,311		226,311	19
20	Rent -- Facility and Grounds			922,666	922,666	(915,135)	7,531	20
21	Rent -- Equipment							21
22	Other (specify):							22
23	**TOTAL Ownership**			1,152,755	1,152,755	(176,116)	976,639	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,078,801	297,960	1,899,246	3,276,007	(295,152)	2,980,855	24

Robbins SL

Report Period Beginning: 1/1/2017
Ending: 12/31/2017

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	$ (486,030)	17	1
2	Interest Income	(1,742)	18	2
3	Miscellaneous Income	(20)	10	3
4	Cable TV	(8,240)	2	4
5	Bank Changes	(5,324)	10	5
6	Bad Debts	(546)	10	6
7	Loss/Damage	(893)	10	7
8	Use Tax	(337)	10	8
9	Capitalized R&M	(24,789)	02	9
10				10
11	MANAGEMENT OFFICE ALLOCATION			11
12	Housekeeping/Maint/Laundry	634	2	12
13	Utilities	915	3	13
14	Health Care/Personal Care	4,287	6	14
15	Health Care Emp Ben/Payroll Taxes	791	8	15
16	Administrative and General	103,277	10	16
17	Advertising and Marketing	351	11	17
18	Insurance	1,847	13	18
19	Admin Emp Benefits & Payroll Taxes	15,199	14	19
20	Building Rental	7,531	20	20
21	Management Office Allocation	(238,481)	10	21
22				22
23				23
24	BUILDING COMPANY			24
25	Interest Income	(125)	18	25
26	Interest Expense	440,291	18	26
27	Depreciation and Amortization	786,625	17	27
28	Rent	(922,666)	20	28
29	Asset Management Fee	32,293	02	29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
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43				43
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89				89
90				90
91				91
92				92
93				93
94				94
95				95
96				96
97				97
98				98
99				99
100				100
101	**Total**	(295,152)		101

Facility Name: Robbins SL **Report Period Beginning: 1/1/2017 Ending: 12/31/2017**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.84	$ 32.27	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	10.88	9.38	3
4	Activity Director & Assistants	1.23	16.76	4
5	Social Service Workers			5
6	Head Cook	0.90	15.77	6
7	Cook Helpers/Assistants	7.26	10.07	7
8	Dishwashers			8
9	Maintenance Workers	1.66	14.05	9
10	Housekeepers	6.47	10.55	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.12	28.26	13
14	Clerical	5.29	13.53	14
15	Marketing	1.18	18.57	15
16	Other			16
17	**Total (lines 1 thru 16)**	38.84	$ 13.35	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	N/A	$	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		OTHER RELATED BUSINESS ENTITIES		
Name 1	City 2	Name 3	City 4	Type of Business 5
Rockford SLF	Rockford, IL	Robbins SLF Realty	Robbins, IL	Building Co
Coles SLF	Chicago, IL	Grand Lifestyles	Skokie, IL	Management Co
Jackson Park SLF	Chicago, IL	Grand at Twin Lakes	Palatine, IL	Ind. Living

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: N/A **If yes, what is the value of those services? $** N/A

(Please attach a separate schedule itemizing those services.)

C. Does page 3 include any costs derived from transactions (including rent) with related parties? YES [X] 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: Robbins SL Report Period Beginning: 1/1/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land 567,500 Year land was acquired 2016

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	128		2016	2002	$ 4,548,527	$ 786,625	35	$ 129,958	$ (656,667)	$ 259,916	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				24,789			1,239	1,239	1,239	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)				$ 4,573,316	$ 786,625		$ 131,197	$ (655,428)	$ 261,155	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	$ 1,693,973	$	$ 169,397	169,397		$ 338,794	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	$ 1,693,973	$	$ 169,397	169,397		$ 338,794	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 & ID Number Robbins SL Report Period Beginning: 1/1/2017 Ending: 12/31/2017

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2	Repaired Roof	2017	4,750		20	238	238	238	2
3	Installed New Hoses	2017	2,500		20	125	125	125	3
4	Installed Scald Protectors	2017	3,096		20	155	155	155	4
5	Installed New Furnace	2017	5,771		20	289	289	289	5
6	Installed New Surveillance System	2017	5,172		20	259	259	259	6
7	Installed A/C System	2017	3,500		20	175	175	175	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
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21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 24,789	$		$ 1,239	$ 1,239	$ 1,239	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Robbins SL Report Period Beginning: 1/1/2017 Ending: 12/31/2017

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name & ID Number Robbins SL Report Period Beginning: 1/1/2017 Ending: 12/31/2017

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

	1 Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1									1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$	$		$	$	$	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: Robbins SL Report Period Beginning: 1/1/2017 Ending: 2/31/2017

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

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	Allocated from Grand Lifestyles			/ /	7,531			6
7	TOTAL				$ 7,531			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	MB Financial		X	Mortgage	/ /	$	$ 8,987,380	/ /		$ 440,166	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	MB Financial		X	Line of Credit	/ /			/ /		3,778	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$ 8,987,380			$ 443,944	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		(1,742)	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$	$ 8,987,380			$ 442,202	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: Robbins SL **Report Period Beginning:** 1/1/2017 **Ending:** 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 527,827	$ 655,225	1
2	Cash-Patient Deposits	10,335	10,335	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	922,591	1,343,367	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	81,893	101,893	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):		183,323	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 1,542,646	$ 2,294,143	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		567,500	13
14	Buildings, at Historical Cost		4,548,527	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost		1,693,973	16
17	Accumulated Depreciation (book methods)		(1,573,251)	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): See Attached	58,886	4,598,886	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 58,886	$ 9,835,635	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 1,601,532	$ 12,129,778	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 100,233	$ 227,200	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	62,267	62,267	30
31	Accrued Taxes Payable	225,600	225,600	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	121,004	121,004	36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 509,104	$ 636,071	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		8,987,380	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	20,295	20,295	43
44	**TOTAL Long-Term Liabilities (sum of lines 38 thru 43)**	$ 20,295	$ 9,007,675	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 529,399	$ 9,643,746	45
46	**TOTAL EQUITY**	$ 1,072,133	$ 2,486,032	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 1,601,532	$ 12,129,778	47

***(See instructions.)**

Facility Name: Robbins SL **Report Period Beginning: 1/1/2017 Ending: 12/31/2017**

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

	I. Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 4,767,865	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,767,865	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		9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,742	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 1,742	14
	D. Other Revenue (specify):		
15		20	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 20	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,769,627	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	856,430	19
20	Health Care/ Personal Care	458,402	20
21	General Administration	808,420	21
	B. Capital Expense		
22	Ownership	1,152,755	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)**	$ 3,276,007	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 1,493,620	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 1,493,620	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 3,628,263	32
33	Private Pay - Net Inpatient Revenue	1,139,602	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 4,767,865	37