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: 1000006

Facility Name: St Francis Woods

Address: 3507 North Molleck (Number) Peoria (City) 61604 (Zip Code)

County: Peoria

Telephone Number: (309) 688-0093 **Fax #**

Federal Employer ID Number:

Date Current Owners were Certified: 2004

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: Larry Templin **Telephone Number:** (630) 361-2868

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 1/1/17 to 12/31/17 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) SEE ACCOUNTANT'S COMPILATION REPORT (Date)

(Print Name and Title) Larry Templin, Partner

(Firm Name & Address) Templin Healthcare Accounting Services, LLP, P.O. Box 9, Dunlap, IL 61525

(Telephone) (630) 361-2868 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 St Francis Woods Report Period Beginning: 1/1/17 Ending: 12/31/17

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	92	Single Unit Apartment	92	33,580	1
2		Double Unit Apartment			2
3		Other			3
4	92	TOTALS	92	33,580	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	26,555	3,962		30,517	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,555	3,962		30,517	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.88%

D. Indicate the number of paid bed-hold days the SLF had during this year 119 **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? [ ] 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. N/A

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. N/A

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. N/A

Facility Name: St Francis Woods **Report Period Beginning: 1/1/17 Ending: 12/31/17**

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	125,815	177,726	14,882	318,423	(1,793)	316,630	1
2	Housekeeping, Laundry and Maintenance	132,925	36,496	96,126	265,547		265,547	2
3	Heat and Other Utilities			108,848	108,848		108,848	3
4	Other (specify): Trash Expense			13,444	13,444		13,444	4
5	**TOTAL General Services**	258,740	214,222	233,300	706,262	(1,793)	704,469	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	500,024	6,883	4,511	511,418	(50)	511,368	6
7	Activities and Social Services	24,102		19,463	43,565		43,565	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	524,126	6,883	23,974	554,983	(50)	554,933	9
	C. General Administration							
10	Administrative and Clerical	227,579	6,302	235,615	469,496	(153,481)	316,015	10
11	Marketing Materials, Promotions and Advertising	22,980	407	40,387	63,774		63,774	11
12	Employee Benefits and Payroll Taxes			258,756	258,756		258,756	12
13	Insurance-Property, Liability and Malpractice			38,672	38,672		38,672	13
14	Other (specify): Farm Expenses							14
15	**TOTAL General Administration**	250,559	6,709	573,430	830,698	(153,481)	677,217	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,033,425	227,814	830,704	2,091,943	(155,324)	1,936,619	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			162,000	162,000	59,959	221,959	17
18	Interest			281,086	281,086	(2,682)	278,404	18
19	Real Estate Taxes			109,593	109,593		109,593	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			3,308	3,308		3,308	21
22	Other (specify): Mortgage Insurance							22
23	**TOTAL Ownership**			555,987	555,987	57,277	613,264	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,033,425	227,814	1,386,691	2,647,930	(98,047)	2,549,883	24

Facility Name: St Francis Woods **Report Period Beginning: 1/1/17 Ending: 12/31/17**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	4.0	$ 24.25	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12.7	10.73	3
4	Activity Director & Assistants	1.0	12.02	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	5.3	11.31	7
8	Dishwashers			8
9	Maintenance Workers	3.0	13.36	9
10	Housekeepers	2.0	11.79	10
11	Laundry			11
12	Managers	1.0	29.98	12
13	Other Administrative	1.0	30.00	13
14	Clerical	3.4	15.05	14
15	Marketing	0.5	21.08	15
16	Other			16
17	Total (lines 1 thru 16)	33.9	$ 14.62	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	Robert Schleicher	100%	20	$ 60,000	1
2					2
3					3
4					4
5					5
			Total	$ 60000	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	None	$	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
Forest Ridge Senior Living, LLC	Woodland Park, Colorado	St. Francis Woods Management LLC	Peoria, IL	Management Co
		Midstates Senior Living LLC	Woodland Park, CO	Management Co
		Forest Ridge Property LLC	Woodland Park, CO	Lessor

B. Does your facility receive services from a parent organization or home office; the costs for which were not included on page 3? YES [X] NO [ ]

Name of related entity: St Francis Woods Management LLC **If yes, what is the value of those services? $** Undetermined

(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: St Francis Woods Report Period Beginning: 1/1/17 Ending: 12/31/17

VIII. OWNERSHIP COSTS

A. Purchase price of land 760,000 Year land was acquired 2003

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	68		2003	1979	$ 2,827,265	$	28	$ 100,973	$ 100,973	$ 1,363,136	1
2	24		2005	2005	1,300,000		28	46,428	46,428	533,922	2
3											3
4											4
5											5
	Improvement Type										
6	Dining Room Chairs			2009	10,454		7	750	750	11,204	6
7	ADA Restrooms			2010	16,320		7	2,331	2,331	17,482	7
8	Emergency Call System			2011	42,500		7	6,071	6,071	42,497	8
9	Sprinkler System			2011	200,000		7	28,571	28,571	185,711	9
10	HVAC			2013	10,108		7	1,444	1,444	6,498	10
11	Hot Water Heater			2013	9,887		7	1,412	1,412	6,354	11
12	New Flooring Common Area			2014	10,300		7	1,471	1,471	5,148	12
13	Nurses Station			2014	8,380		7	698	698	2,443	13
14	HVAC			2015	13,640		7	974	974	2,922	14
15	See Attached Schedule 5A				275,096			13,755	13,755	18,327	15
16	Book Depreciation					162,000			(162,000)		16
17	TOTAL (lines 1 thru 16)				$ 4,723,950	$ 162,000		$ 204,878	$ 42,878	$ 2,195,644	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	$ 123,693	$	$ 16,381	16,381	7	$ 30,231	18
19	Vehicles	3,500		700	700	5	1,400	19
20	TOTAL (lines 18 and 19)	$ 127,193	$	$ 17,081	17,081		$ 31,631	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	N/A				22
23					23
24	TOTALS (lines 21, 22 and 23)	$	$	$	24

St Francis Woods

Period Beginning 1/1/17
Period End 12/31/17
Schedule 5A

VIII. OWNERSHIP COSTS

B. Building Depreciation -- Including Fixed Equipment. Round all numbers to the nearest dollar.

Improvement Type	Year Constructed	4 Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustment	Accumulated Depreciation
Carpet	2016	97,037		20	4,852	4,852	7,278
Painting Interior and Exterior	2016	54,887		20	2,744	2,744	4,116
Parking Lot	2016	5,400		20	270	270	405
Security System	2016	5,924		20	296	296	444
Kitchen/Hall Remodel	2016	19,658		20	983	983	1,474
Carpeting Throughout Facility	2017	34,702		20	1,735	1,735	1,735
Electrical-Kitchen/Hallways	2017	18,815		20	941	941	941
Landscaping	2017	15,326		20	766	766	766
Hot Water Heater	2017	10,636		20	532	532	532
PTAC Units	2017	3,191		20	160	160	160
Kitchen Plumbing/Coffee Bar	2017	9,520		20	476	476	476
TOTAL (lines 1 thru 16)		275,096	0		13,755	13,755	18,327

Facility Name: St Francis Woods **Report Period Beginning:** 1/1/17 **Ending:** 12/31/17

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				/ /				6
7	TOTAL				$			7

8. **Is movable equipment rental included in building rental?** ☐ YES ☐ NO

9. **Rental amount for movable equipment $** N/A

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	Central Bank Illinois		X	Mortgage	1/25/16	$ 5,600,000	$ 5,738,308	1/19/21	0.0465	$ 269,325	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	Central Bank Illinois		X	Line of Credit	1/25/16	258,753	25,000	1/20/17	Prime + .5%	2,906	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 5,858,753	$ 5,763,308			$ 272,231	7
	B. Non-Facility Related										
8					/ /			/ /	Amort Exp	8,855	8
9					/ /			/ /	Offset Int Inc	(2,682)	9
10	TOTALS (lines 7, 8 and 9)					$ 5,858,753	$ 5,763,308			$ 278,404	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: St Francis Woods **Report Period Beginning:** 1/1/17 **Ending:** 12/31/17

XI. BALANCE SHEET - Unrestricted Operating Fund. **As of** 12/31/17 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 72,598	$ 72,598	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 30,000)	170,278	170,278	3
4	Supply Inventory (priced Cost)	15,000	15,000	4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	3,925	3,925	7
8	Accounts Receivable (owners or related parties)	1,779	1,779	8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 263,580	$ 263,580	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	760,000	760,000	13
14	Buildings, at Historical Cost	4,620,727	4,127,265	14
15	Leasehold Improvements, at Historical Cost	223,180	596,685	15
16	Equipment, at Historical Cost	718,179	127,193	16
17	Accumulated Depreciation (book methods)	(2,243,250)	(2,227,275)	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): AR-Owner	1,119,540	1,119,540	22
23	Other(specify): Deposit/Loan Fee	35,848	35,848	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 5,234,224	$ 4,539,256	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 5,497,804	$ 4,802,836	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 39,504	$ 39,504	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	25,000	25,000	29
30	Accrued Salaries Payable	19,560	19,560	30
31	Accrued Taxes Payable	112,280	112,280	31
32	Accrued Interest Payable	24,000	24,000	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 220,344	$ 220,344	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,738,308	5,738,308	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)**	$ 5,738,308	$ 5,738,308	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 5,958,652	$ 5,958,652	45
46	**TOTAL EQUITY**	$ (460,848)	$ (1,155,816)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 5,497,804	$ 4,802,836	47

***(See instructions.)**

Facility Name: St Francis Woods **Report Period Beginning: 1/1/17 Ending: 12/31/17**

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	$ 2,842,692	1
2	Discounts and Allowances	(15,337)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,827,355	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	1,103	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 1,103	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,682	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 2,682	14
	D. Other Revenue (specify):		
15	**See Attached Schedule I**	1,301	15
16	**Food Stamps**	71,574	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 72,875	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,904,015	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	706,262	19
20	Health Care/ Personal Care	554,983	20
21	General Administration	830,698	21
	B. Capital Expense		
22	Ownership	555,987	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)**	$ 2,647,930	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 256,085	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 256,085	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 2,474,801	32
33	Private Pay - Net Inpatient Revenue	367,891	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 2,842,692	37

St Francis Woods

Period 1/1/17
Period 12/31/17

Schedule I

XII. Income Statement

Line 15 Other Revenue

	Amount	
Vending Income	**690**	Offset Against Food Expense
NSF Check Fee	**24**	Offset Against Bank Fees
Miscellaneous Income	**537**	Offset Against Office Supplies
Purchase Discounts	**50**	Offset Against Medical Supplies
TOTAL	**1,301**	

Adjustment Detail

Line	Description	Amount
1	**Offset Vending Income Against Food**	**(690)**
2	**Offset Meal Income Against Food**	**(1,103)**
6	**Offset Purchase Discounts Against Medical Supplies**	**(50)**
10	**Offset NSF Fee Income Against Bank Fees**	**(24)**
10	**Offset Miscellaneous Income Against Office Supplies**	**(537)**
10	**Disallow Management Fees**	**(124,811)**
14	**Disallow Bad Debt Expense**	**(27,606)**
14	**Disallow Late Fees and Finance Charges**	**(503)**
17	**Adjust Depreciation to Medicaid Basis**	**59,959**
18	**Offset Interest Income Against Expense**	**(2,682)**
	Total Adjustments	**(98,047)**

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

As of 1/1/16, Robert Schleicher owned 81.5406% of St Francis Woods and Nancy Lee-McQuillan owned 18.4594%. During January 2016, Robert Schleicher purchased Nancy Lee-McQuillan's ownership and is now 100% owner.

VII. RELATED ORGANIZATIONS

St Francis Woods Management LLC provides overall operational and financial management to St Francis Woods.