FOR BHF USE

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2018)

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: 1000108

Facility Name: Maple Point

Address: 1000 Union Drive (Number) Monticello (City) 61856 (Zip Code)

County: Piatt

Telephone Number: ((217) 762-2506 **Fax #** (217) 762-2507

Federal Employer ID Number:

Date Current Owners were Certified: 12/10/2008

Type of Ownership:

	VOLUNTARY, NON-PROFIT		PROPRIETARY	X	GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership	X	County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
			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 12/1/2017 to 11/30/2018 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)
**Subject to the attached Accountants' Consulting .* (Date)
(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 Maple Point Report Period Beginning: 12/1/2017 Ending: 11/30/2018

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	14	Single Unit Apartment	14	5,110	1
2	16	Double Unit Apartment	16	5,840	2
3		Other		1,100	3
4	30	TOTALS	30	12,050	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	1,746	3,242		4,988	5
6	Double Unit	2,129	4,213		6,342	6
7	Other					7
8	TOTALS	3,875	7,455		11,330	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.02%

D. Indicate the number of paid bed-hold days the SLF had during this year 340 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 0 **(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: 11/30/2018 Fiscal Year: 11/30/2018
* 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? N/A **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: Maple Point **Report Period Beginning: 12/1/2017 Ending: 11/30/2018**

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	102,817	102,464	2,345	207,626	(9,116)	198,510	1
2	Housekeeping, Laundry and Maintenance	16,496	13,790	19,327	49,613	701	50,314	2
3	Heat and Other Utilities			54,891	54,891	(6,108)	48,783	3
4	Other (specify):							4
5	**TOTAL General Services**	119,313	116,254	76,563	312,130	(14,522)	297,608	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	289,748	1,011		290,759	(3)	290,756	6
7	Activities and Social Services	39,201	4,433	9,054	52,688	(710)	51,978	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	328,949	5,444	9,054	343,447	(713)	342,734	9
	C. General Administration							
10	Administrative and Clerical	67,368	3,446	79,460	150,274	(8,011)	142,263	10
11	Marketing Materials, Promotions and Advertising			2,652	2,652		2,652	11
12	Employee Benefits and Payroll Taxes			48,990	48,990		48,990	12
13	Insurance-Property, Liability and Malpractice							13
14	Other (specify):							14
15	**TOTAL General Administration**	67,368	3,446	131,102	201,916	(8,011)	193,905	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	515,630	125,144	216,719	857,493	(23,247)	834,246	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					173,429	173,429	17
18	Interest			72,538	72,538	(187)	72,351	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			1,936	1,936		1,936	21
22	Other (specify):							22
23	**TOTAL Ownership**			74,474	74,474	173,242	247,716	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	515,630	125,144	291,193	931,967	149,995	1,081,962	24

Maple Point

Report Period Beginning: 12/1/2017
Ending: 11/30/2018

	NON-ALLOWABLE EXPENSES	Amount	Sch. V Line Reference	
1	Non-Straight Line Depreciation	$ 173,429	17	1
2	Telephone Revenue	(4,812)	10	2
3	Transportation Revenue	(3)	06	3
4	Cable Revenue	(6,108)	03	4
5	Staff / Guest Meals	(9,116)	01	5
6	Tyson Rebate	(150)	10	6
7	Activity Events / Donations	(710)	07	7
8	Interest Income	(187)	18	8
9	Misc. Income	(2,919)	10	9
10	Bank Fees	(130)	10	10
11	Additional R&M	701	02	11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
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98				98
99				99
100				100
101	**Total**	149,995		101

Facility Name: Maple Point Report Period Beginning: 12/1/2017 Ending: 11/30/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.09	$ 21.17	1
2	Licensed Practical Nurses	0.73	28.19	2
3	Certified Nurse Assistants	7.20	16.22	3
4	Activity Director & Assistants	1.02	18.54	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3.35	14.77	7
8	Dishwashers			8
9	Maintenance Workers	0.60	13.30	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	0.91	35.68	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	13.89	$ 17.85	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
Piatt County Nursing Home	Monticello	None		
Piatt County	Monticello			

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 [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: Maple Point Report Period Beginning: 12/1/2017 Ending: 11/30/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land 88,390 Year land was acquired 2008

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	30		2008	2008	$ 3,768,693	$	30	$ 125,351	$ 125,351	$ 1,253,574	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				69,467			3,664	3,664	14,499	6
7	Various			2008	80,703		20	3,207	3,207	83,910	7
8	Various			2009	65,638		20	3,674	3,674	63,802	8
9	Various			2010	11,888		20	530	530	4,504	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 3,996,389	$		$ 136,426	$ 136,426	$ 1,420,289	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	$ 267,685	$	$ 25,513	25,513		$ 147,921	18
19	Vehicles	57,450		11,490	11,490		34,470	19
20	TOTAL (lines 18 and 19)	$ 325,135	$	$ 37,003	37,003		$ 182,391	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 Maple Point Report Period Beginning: 12/1/2017 Ending: 11/30/2018

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	Improvements	2012	2,897		20	290	290	2,030	1
2	Improvements	2012	899		20	90	90	630	2
3	Door	2014	2,819		20	141	141	705	3
4	Call Lights	2015	39,736		20	1,987	1,987	7,947	4
5	Security Cameras	2016	6,500		20	325	325	975	5
6	Havc Repairs	2016	4,849		20	242	242	727	6
7	Dining Room Carpet	2016	6,160		20	308	308	924	7
8	Improvements To Facility	2017	2,658		20	133	133	266	8
9	New Speaker System	2017	2,949		20	147	147	295	9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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27									27
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29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 69,467	$		$ 3,664	$ 3,664	$ 14,499	34

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

Facility Name & ID Number Maple Point Report Period Beginning: 12/1/2017 Ending: 11/30/2018

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
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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 Maple Point Report Period Beginning: 12/1/2017 Ending: 11/30/2018

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
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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: Maple Point Report Period Beginning: 12/1/2017 Ending: 1/30/2018

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 [X] 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 [X] NO

9. Rental amount for movable equipment $ 1,936

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	Debt Certificates		X		/ /	$	$ 720,000	/ /		$ 72,538	1
2	Revenue Bonds		X		/ /		1,600,000	/ /			2
3	AHT Hardware		X	Software Installment Loan	/ /		831	/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$	$ 2,320,831			$ 72,538	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		(187)	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$	$ 2,320,831			$ 72,351	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: Maple Point **Report Period Beginning:** 12/1/2017 **Ending:** 11/30/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 11/30/2018 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 354,248	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	12,819		3
4	Supply Inventory (priced at)	8,220		4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 375,287	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	88,390		13
14	Buildings, at Historical Cost	3,768,693		14
15	Leasehold Improvements, at Historical Cost	239,508		15
16	Equipment, at Historical Cost	305,397		16
17	Accumulated Depreciation (book methods)	(1,419,379)		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	1,532,006		23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 4,514,615	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 4,889,902	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 106,441	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	18,476		30
31	Accrued Taxes Payable	6,204		31
32	Accrued Interest Payable	8,413		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	22,076		36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 161,610	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	2,320,831		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)**	$ 2,320,831	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 2,482,441	$	45
46	**TOTAL EQUITY**	$ 2,407,461	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 4,889,902	$	47

***(See instructions.)**

Facility Name: Maple Point **Report Period Beginning: 12/1/2017 Ending: 11/30/2018**

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	$ 1,119,929	1
2	Discounts and Allowances	(90,794)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,029,135	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	731	8
9	Non-Resident Meals	9,116	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 9,847	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	187	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 187	14
	D. Other Revenue (specify):		
15	**See Attached**	59,789	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 59,789	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,098,958	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	312,130	19
20	Health Care/ Personal Care	343,447	20
21	General Administration	201,916	21
	B. Capital Expense		
22	Ownership	74,474	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)**	$ 931,967	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 166,991	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 166,991	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 378,525	32
33	Private Pay - Net Inpatient Revenue	650,610	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 1,029,135	37