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: 1000065

Facility Name: PLUM CREEK SLF

Address: 2801 W ALGONQUIN RD (Number) ROLLING MEADOWS (City) 60008 (Zip Code)

County: COOK

Telephone Number: (847) 670-8080 **Fax #** 847 368-1330

Federal Employer ID Number:

Date Current Owners were Certified: 10/23/2006

Type of Ownership:

	VOLUNTARY, NON-PROFIT	X	PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust	X	Partnership		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: CHRISTINE LUNDA **Telephone Number:** 847 670-8080
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 01/01/2018 to 12/31/2018 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) REUEL CROOK
(Title) FINANCIAL DIRECTOR - ROYAL CARE MANAGEMENT

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 PLUM CREEK SLF Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	77	Single Unit Apartment	77	28,105	1
2	25	Double Unit Apartment	25	9,125	2
3		Other			3
4	102	TOTALS	102	37,230	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	22,719	710		23,429	5
6	Double Unit	7,508	552		8,060	6
7	Other					7
8	TOTALS	30,227	1,262		31,489	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 84.58%

D. Indicate the number of paid bed-hold days the SLF had during this year 461 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 16 (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: Fiscal Year:
* All facilities other than governmental must report on the accrual basis.

J. Does the facility have any Illinois Housing Development Authority Loans outstanding? If yes, did the facility make all of the required payments of interest and principal?
If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? If yes, did the facility make all of the required payments of interest and principal?
If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? If yes, did the facility make all of the required payments of interest and principal?
If no, explain.

Facility Name: PLUM CREEK SLF **Report Period Beginning: 01/01/2018 Ending: 12/31/2018**

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	260,702	276,981		537,683		537,683	1
2	Housekeeping, Laundry and Maintenance	67,597	12,347	158,087	238,031		238,031	2
3	Heat and Other Utilities			127,817	127,817		127,817	3
4	Other (specify):							4
5	**TOTAL General Services**	328,299	289,328	285,904	903,531		903,531	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	417,309	9,356		426,665		426,665	6
7	Activities and Social Services	35,519	21,091		56,610		56,610	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	452,828	30,447		483,275		483,275	9
	C. General Administration							
10	Administrative and Clerical	218,479	66,659		285,138		285,138	10
11	Marketing Materials, Promotions and Advertising	28,508	39,430		67,938		67,938	11
12	Employee Benefits and Payroll Taxes	86,187	14,160		100,347		100,347	12
13	Insurance-Property, Liability and Malpractice			161,534	161,534		161,534	13
14	Other (specify): PROFESSIONAL & MANAGEMENT FEES			375,767	375,767		375,767	14
15	**TOTAL General Administration**	333,174	120,249	537,301	990,724		990,724	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,114,301	440,024	823,205	2,377,530		2,377,530	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			483,961	483,961		483,961	17
18	Interest			643,500	643,500		643,500	18
19	Real Estate Taxes			76,630	76,630		76,630	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):AMTZ & PREPAID CLOSING COSTS			27,185	27,185		27,185	22
23	**TOTAL Ownership**			1,231,276	1,231,276		1,231,276	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,114,301	440,024	2,054,481	3,608,806		3,608,806	24

Facility Name: PLUM CREEK SLF Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	$ 24.04	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	15	11.53	3
4	Activity Director & Assistants	1	24.04	4
5	Social Service Workers			5
6	Head Cook	3	12.75	6
7	Cook Helpers/Assistants	8	8.25	7
8	Dishwashers			8
9	Maintenance Workers	1	10.00	9
10	Housekeepers	2	8.25	10
11	Laundry			11
12	Managers	2	23.08	12
13	Other Administrative	2	20.75	13
14	Clerical	3	9.17	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	39	$ 12.74	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	ROYAL CARE MANAGEMENT	$ 210,000	1
2			2
		Total $ 210,000	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

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5

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 [ ]
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: PLUM CREEK SLF Report Period Beginning: 01/01/2018 Ending: 12/31/2018

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

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					$	$		$	$	$	1
2	102		2006	2006	12,602,734	483,961	40	315,068	(168,893)		2
3											3
4											4
5											5
	Improvement Type										
6											6
7	BUILDING IMPROVEMENT			2007	10,518		40	263	263		7
8	BUILDING IMPROVEMENT			2007	3,392		40	85	85		8
9	BUILDING IMPROVEMENT			2009	8,578		40	214	214		9
10	BUILDING IMPROVEMENT - NEW ROOF			2017	78,000		40	1,950	1,950		10
11	BUILDING IMPROVEMENT - PARKING LO			2018	47,000		40	1,175	1,175		11
12	BUILDING IMPROVEMENT - DINING FLO			2018	9,515		40	238	238		12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 12,759,737	$ 483,961		$ 318,993	$ (164,968)	$	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	$ 472,832	$	$ 64,207	64,207	7	$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 472,832	$	$ 64,207	64,207		$	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: PLUM CREEK SLF Report Period Beginning: 01/01/2018 Ending: 2/31/2018

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	BOND		X	BUILDING PURCHASE/REMODEL	4/1/06	11,600,000	9,645,000	12/1/37	0.0667	643,500	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 11,600,000	$ 9,645,000			$ 643,500	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 11,600,000	$ 9,645,000			$ 643,500	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: PLUM CREEK SLF **Report Period Beginning:** 01/01/2018 **Ending:** 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 936,542	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 22,815)	365,151		3
4	Supply Inventory (priced at)			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)**	$ 1,301,693	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	849,401		13
14	Buildings, at Historical Cost	12,508,851		14
15	Leasehold Improvements, at Historical Cost	263,710		15
16	Equipment, at Historical Cost	592,855		16
17	Accumulated Depreciation (book methods)	(6,249,748)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	815,538		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(346,606) 1,926,093		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)**	$ 10,360,094	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 11,661,787	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 16,951	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	530,829		28
29	Short-Term Notes Payable	301,601		29
30	Accrued Salaries Payable	23,928		30
31	Accrued Taxes Payable	112,861		31
32	Accrued Interest Payable	53,625		32
33	Deferred Compensation	433,464		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)**	$ 1,473,259	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	9,645,000		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)**	$ 9,645,000	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 11,118,259	$	45
46	**TOTAL EQUITY**	$ 543,528	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 11,661,787	$	47

***(See instructions.)**

Facility Name: PLUM CREEK SLF Report Period Beginning: 01/01/2018 Ending: 12/31/2018

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	$ 3,317,677	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,317,677	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	45	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 45	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	40,754	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 40,754	14
	D. Other Revenue (specify):		
15	**ANCILLARY TELEPHONE REVENUE**	11,524	15
16	**FOOD STAMP ALLOWANCES**	99,052	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 110,576	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,469,052	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	903,531	19
20	Health Care/ Personal Care	483,275	20
21	General Administration	990,724	21
	B. Capital Expense		
22	Ownership	1,231,276	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)**	$ 3,608,806	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (139,754)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (139,754)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 675,877	32
33	Private Pay - Net Inpatient Revenue	1,427,264	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) **MANAGED CARE**	1,214,319	35
36	Other-(specify) **MEDICAL EXPENSE**	217	36
37	TOTAL (This total must agree to Line 3)	$ 3,317,677	37