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: 1000098

Facility Name: WOODRIDGE SL RESID GENESEO

Address: 620 OLIVIA COURT (Number) GENESEO (City) 61254 (Zip Code)

County: HENRY

Telephone Number: (847) 679-8219 **Fax #** (847) 679-7377

Federal Employer ID Number:

Date Current Owners were Certified: 07/02/2008

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: Kathleen McNamara **Telephone Number:** (847) 675-3585
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) MARSHALL MAUER
(Title) TREASURER

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Date)
(Print Name and Title) KATHLEEN MCNAMARA, VICE-PRESIDENT
(Firm Name & Address) KBKB, LTD., 8140 RIVER DRIVE, MORTON GROVE, IL 60053
(Telephone) (847) 675-3585 Fax (847) 675-5777

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 WOODRIDGE SL RESID GENESEO 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	52	Single Unit Apartment	52	18,980	1
2	8	Double Unit Apartment	8	2,920	2
3		Other			3
4	60	TOTALS	60	21,900	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	5,479	15,219		20,698	5
6	Double Unit					6
7	Other					7
8	TOTALS	5,479	15,219		20,698	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 94.51%

D. Indicate the number of paid bed-hold days the SLF had during this year
Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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: 2018 Fiscal Year: 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 principal?
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 principal?
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 principal?
If no, explain.

Facility Name: WOODRIDGE SL RESID GENESEO **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	120,458	137,451	4,621	262,530	(915)	261,615	1
2	Housekeeping, Laundry and Maintenance	57,827	41,661	6,813	106,301		106,301	2
3	Heat and Other Utilities			84,375	84,375		84,375	3
4	Other (specify):Scavenger & Exterminating Services			6,018	6,018		6,018	4
5	**TOTAL General Services**	178,285	179,112	101,827	459,224	(915)	458,309	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	356,498	2,412		358,910		358,910	6
7	Activities and Social Services	38,927	5,432		44,359		44,359	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	395,425	7,844		403,269		403,269	9
	C. General Administration							
10	Administrative and Clerical	119,683	8,278	154,025	281,986	19,274	301,260	10
11	Marketing Materials, Promotions and Advertising			11,126	11,126		11,126	11
12	Employee Benefits and Payroll Taxes			155,968	155,968		155,968	12
13	Insurance-Property, Liability and Malpractice			13,202	13,202	7,664	20,866	13
14	Other (specify):							14
15	**TOTAL General Administration**	119,683	8,278	334,321	462,282	26,938	489,220	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	693,393	195,234	436,148	1,324,775	26,023	1,350,798	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			8,697	8,697	85,517	94,214	17
18	Interest					150,680	150,680	18
19	Real Estate Taxes					46,202	46,202	19
20	Rent -- Facility and Grounds			360,000	360,000	(360,000)		20
21	Rent -- Equipment			12,269	12,269		12,269	21
22	Other (specify): Mortgage Insurance					24,519	24,519	22
23	**TOTAL Ownership**			380,966	380,966	(53,082)	327,884	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	693,393	195,234	817,114	1,705,741	(27,059)	1,678,682	24

Facility Name: WOODRIDGE SL RESID GENESEO 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	1	$ 21.37	1
2	Licensed Practical Nurses	2	18.38	2
3	Certified Nurse Assistants	10	11.81	3
4	Activity Director & Assistants	1	10.88	4
5	Social Service Workers			5
6	Head Cook	2	14.16	6
7	Cook Helpers/Assistants	4	9.73	7
8	Dishwashers			8
9	Maintenance Workers	1	12.45	9
10	Housekeepers	1	10.49	10
11	Laundry			11
12	Managers	1	33.95	12
13	Other Administrative			13
14	Clerical	1	21.01	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	24	$ 164.23	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	MARSHALL MAUER		1.5	$ 7,500	1
2	DANIEL AARON		1.08	2,756	2
3					3
4					4
5					5
			Total	$ 10256	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1		$	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
WOODRIDGE OF GALESBURG	GALESBURG	SEE ATTACHED		
SEE ATTACHED				

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: DYNAMIC HEALTHCARE CONSULTANTS If yes, what is the value of those services? $ 44,089
(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: WOODRIDGE SL RESID GENESEO 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			2008	2008	$ 4,064,630	$ 105,435	39	$ 105,435	$	$ 1,428,172	1
2											2
3	RELATED PARTY				13,585			388	388	8,098	3
4											4
5											5
	Improvement Type										
6	PLUMBING WORK			2010	2,938	107	27.5	107		869	6
7	DOOR			2011	1,925	70	27.5	70		534 #	7
8	CARPENTRY AND LABOR			2011	6,219	226	27.5	226		1,629	8
9	REPAIR WALLPAPER			2012	1,122	41	27.5	41		176	9
10	SIDEWALK			2012	11,344	378	15.0	378		8,507	10
11	LANDSCAPING			2013	4,553	304	15.0	304		1,545	11
12	WINDOW TREATMENTS/DECORATING			2013	5,463	199	27.5	199		1,060	12
13	DATA WIRING/DVR'S			2013	3,507	203	27.5	203		922	13
14	SPRINKLER REPAIRS, OFFSET TRAP SUPPLY			2013	3,620	57	27.5	57		459	14
15	NURSE CALL PAGERS,PENDANT,WIRELESS CONNE			2014	19,320	703	27.5	703		3,820	15
16	ALARM, WATER HEATER, SOFTENER, GRAVEL PAI			2015	23,371	907	27.5	907		3,267	16
17	TOTAL (lines 1 thru 16)				$ 4,161,597	$ 108,630		$ 109,018	$ 388	$ 1,459,058	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	$ 325,944	$ 10,282	$ 32,594	22,312	10	$ 245,831	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 325,944	$ 10,282	$ 32,594	22,312		$ 245,831	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 WOODRIDGE SL RESID GENESEO # Report Period Beginning: 01/01/2018 Ending: 12/31/2018

XI. OWNERSHIP COSTS (continued)

B. Building and Improvement Costs-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	Totals from Page 5, Carried Forward		$ 4,161,597	$ 108,630		$ 109,018	$ 388	$ 1,459,058	1
2	KITCHEN FLOORING	2017	7,680	279	27.5	279		419	2
3	INSTALL NEW CAMERA SYSTEM	2018	3,784	98	27.5	98		98	3
4	SCARIFIER ON ALL TRIP HAZARDS	2018	2,900	580	5	580		580	4
5	ACTIVITY ROOM REMODEL	2018	4,495	899	5	899		899	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
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26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		$ 4,180,456	$ 110,486		$ 110,874	$ 388	$ 1,461,054	34

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

Facility Name: WOODRIDGE SL RESID GENESEO Report Period Beginning: 01/01/2018 Ending: 2/31/2018

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 ☐ 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	MIDLAND BANK		X	MORTGAGE	4/9/14	$ 4,089,500	$ 3,734,466	5/1/44	4.0000	$ 150,913	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 4,089,500	$ 3,734,466			$ 150,913	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 4,089,500	$ 3,734,466			$ 150,913	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: WOODRIDGE SL RESID GENESEO **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	$ 76,935	$ 178,331	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	177,310	177,310	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	14,069	25,772	6
7	Other Prepaid Expenses	1,273	1,273	7
8	Accounts Receivable (owners or related parties)	212,403	212,403	8
9	Other(specify): ESCROWS		186,828	9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 481,990	$ 781,917	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		251,148	13
14	Buildings, at Historical Cost		4,064,630	14
15	Leasehold Improvements, at Historical Cost	102,240	102,240	15
16	Equipment, at Historical Cost	58,670	308,196	16
17	Accumulated Depreciation (book methods)	(67,978)	(1,376,118)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		116,263	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(18,408)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Security & Fixed Assets Dep	14,756	14,756	23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 107,688	$ 3,462,707	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 589,678	$ 4,244,624	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 56,160	$ 56,160	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	58,264	58,264	30
31	Accrued Taxes Payable	5,852	53,953	31
32	Accrued Interest Payable		12,448	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	INTERCOMPANY PAYABLE		470,402	35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 120,276	$ 651,227	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		3,734,466	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)**	$	$ 3,734,466	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 120,276	$ 4,385,693	45
46	**TOTAL EQUITY**	$ 469,402	$ (141,069)	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 589,678	$ 4,244,624	47

***(See instructions.)**

Facility Name: WOODRIDGE SL RESID GENESEO 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	$ 2,016,630	1
2	Discounts and Allowances	(907)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 2,015,723	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	233	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 233	14
	D. Other Revenue (specify):		
15	**FOOD STAMPS**	9,387	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 9,387	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 2,025,343	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	459,224	19
20	Health Care/ Personal Care	403,269	20
21	General Administration	462,282	21
	B. Capital Expense		
22	Ownership	380,966	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	**PRIOR YEAR ADJUSTMENT**	11,950	26
27			27
28	**TOTAL EXPENSES (sum of lines 19 thru 27)**	$ 1,717,691	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 307,652	29
30	**Income Taxes**	$ 4,684	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 302,968	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 414,360	32
33	Private Pay - Net Inpatient Revenue	1,602,270	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	$ 2,016,630	37

WOODBRIDGE OF GENESEO
RELATED HEALTHCARE ENTITIES

NAME	CITY
BRADLEY	BRADLEY
BRIDGEVIEW HEALTHCARE CENTER	BRIDGEVIEW
GROSSE POINT	NILES
OTTAWA PAVILION	OTTAWA
PARK RIDGE	PARK RIDGE
STERLING PAVILION	STERLING
WATERFRONT TERRACE	CHICAGO
WILLOW CREST	SANDWICH
WINDMILL NURSING PAVILION	SOUTH HOLLAND
WOODBRIDGE	CHICAGO

OTHER RELATED BUSINESSES

DYNAMIC HEALTHCARE CONSULTANTS	SKOKIE	BOOKKEEPING
SEASONS HOSPICE	PARK RIDGE	HOSPICE
NORTHWEST ILLINOIS HOLDINGS	SKOKIE	REALTY

WOODBRIDGE OF GENESEO LLC
12/31/2018

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES

LINE 1	SALES TAX ON FOOD	(915)
LINE 10	PENALTIES	(50)
LINE 10	POLITICAL CONTRIBUTIONS	(250)
LINE 17	STRAIGHT LINE DEPRECIATION	(22,312)
LINE 18	INTEREST INCOME	(233)

RELATED PARTY LANDLORD

LINE 20	RENT	(360,000)
LINE 10	PROFESSIONAL FEES	19,574
LINE 13	INSURANCE-PROPERTY	7,664
LINE 17	DEPRECIATION	107,829
LINE 18	MORTGAGE INTEREST	150,913
LINE 19	REAL ESTATE TAXES	46,202
LINE 22	MORTGAGE INSURANCE	24,519
LINE 24	GRAND TOTAL	(27,059)

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES		(108,000)
	UTILITIES	264	
	REPAIR & MAINT	1,474	
	EMP BEN-GEN SVC	180	
	PROFESSIONAL FEES	817	
	DUES & SUBCRIPTIONS	495	
	CLERICAL & GENERAL	5,030	
	SEMINAR & TRAVEL	123	