	FOR BHF USE						

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2020)

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: Sue McTague **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 01/01/2020 to 12/31/2020 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 Company

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: 01/01/2020 Ending: 12/31/2020

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	28,182	1
2	25	Double Unit Apartment	25	9,150	2
3		Other			3
4	102	TOTALS	102	37,332	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	24,592	732		25,324	5
6	Double Unit	7,765	735		8,500	6
7	Other					7
8	TOTALS	32,357	1,467		33,824	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.60%

D. Indicate the number of paid bed-hold days the SLF had during this year 441 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 866 (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 [X] MODIFIED CASH* [ ] CASH* [ ]

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: 01/01/2020 Ending: 12/31/2020**

IV. COST CENTER EXPENSES (please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger Salary/Wage 1	Supplies 2	Other 3	Total 4	Reclassifications and Adjustments 5	Adjusted Total 6	
	A. General Services							
1	Dietary and Food Purchase	334,379	349,277		683,656		683,656	1
2	Housekeeping, Laundry and Maintenance	96,646	26,803	158,893	282,342	(37,793)	244,549	2
3	Heat and Other Utilities			144,652	144,652		144,652	3
4	Other (specify):							4
5	**TOTAL General Services**	431,025	376,080	303,545	1,110,650	(37,793)	1,072,857	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	516,812	17,288		534,100		534,100	6
7	Activities and Social Services	8,421	16,847		25,268	(2,201)	23,067	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	525,233	34,135		559,368	(2,201)	557,167	9
	C. General Administration							
10	Administrative and Clerical	255,837	58,537		314,374		314,374	10
11	Marketing Materials, Promotions and Advertising	70,465	31,265		101,730		101,730	11
12	Employee Benefits and Payroll Taxes	104,335	38,892		143,227		143,227	12
13	Insurance-Property, Liability and Malpractice			176,916	176,916		176,916	13
14	Other (specify): Professional Fees			741,389	741,389		741,389	14
15	**TOTAL General Administration**	430,637	128,694	918,305	1,477,636		1,477,636	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,386,895	538,909	1,221,850	3,147,654	(39,994)	3,107,660	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			480,126	480,126		480,126	17
18	Interest			609,374	609,374		609,374	18
19	Real Estate Taxes			108,832	108,832		108,832	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Amtz of Prepaid Closing Costs			27,185	27,185		27,185	22
23	**TOTAL Ownership**			1,225,517	1,225,517		1,225,517	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,386,895	538,909	2,447,367	4,373,171	(39,994)	4,333,177	24

Facility Name: Plum Creek SLF **Report Period Beginning 01/01/2020 Ending: 12/31/2020**

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	$ 33.29	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	8	13.91	3
4	Activity Director & Assistants	1	17.31	4
5	Social Service Workers			5
6	Head Cook	3	15.27	6
7	Cook Helpers/Assistants	8	10.95	7
8	Dishwashers			8
9	Maintenance Workers	1	15.00	9
10	Housekeepers	2	11.00	10
11	Laundry			11
12	Managers	2	25.96	12
13	Other Administrative	4	25.00	13
14	Clerical	2	12.53	14
15	Marketing	2	16.99	15
16	Other			16
17	Total (lines 1 thru 16)	35	$ 17.93	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				OTHER RELATED BUSINESS ENTITIES				
Name	1	City	2	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** ☐

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: 01/01/2020 Ending: 12/31/2020

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	480,126	40	315,068	(165,058)		2
3											3
4											4
5											5
	Improvement Type										
6	Not Noted			2007	13,910		40	348	348		6
7	Not Noted			2009	8,578		40	214	214		7
8	New Roof			2017	78,000		40	1,950	1,950		8
9	Parking Lot, Dining Room Floor			2018	56,515		40	1,413	1,413		9
10	Dining Room Chairs & Painting, Roof Repair			2019	41,804		40	1,045	1,045		10
11	Dining Room Chairs, Lobby Redo, Elevator			2020	124,054		40	3,101	3,101		11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 12,925,595	$ 480,126		$ 323,140	$ (156,986)	$	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	$ 469,639	$	$ 67,091	67,091	7	$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 469,639	$	$ 67,091	67,091		$	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: 01/01/2020 Ending: 2/31/2020

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	9,085,000	12/1/37	0.0667	609,374	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 11,600,000	$ 9,085,000			$ 609,374	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 11,600,000	$ 9,085,000			$ 609,374	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:** 01/01/2020 **Ending:** 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020 (last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 309,176	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 249,614)	614,190 (249,614)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	(4,661)		7
8	Accounts Receivable (owners or related parties)	227,524		8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 896,615	$	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	429,569		15
16	Equipment, at Historical Cost	592,854		16
17	Accumulated Depreciation (book methods)	(7,216,149)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	815,538		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(400,976) 2,579,207		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)**	$ 10,158,295	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 11,054,910	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 48,993	$	26
27	Officer's Accounts Payable	227,600		27
28	Accounts Payable-Patient Deposits	367,730		28
29	Short-Term Notes Payable	44,200		29
30	Accrued Salaries Payable	44,063		30
31	Accrued Taxes Payable	124,967		31
32	Accrued Interest Payable	50,780		32
33	Deferred Compensation	684,827		33
34	Federal and State Income Taxes	27,317		34
	Other Current Liabilities(specify):			
35				35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 1,620,477	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	9,085,000		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)**	$ 9,085,000	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 10,705,477	$	45
46	**TOTAL EQUITY**	$ 349,433	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 11,054,910	$	47

***(See instructions.)**

Facility Name: Plum Creek SLF **Report Period Beginning: 01/01/2020 Ending: 12/31/2020**

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	$ 4,144,463	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 4,144,463	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	11,547	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 11,547	14
	D. Other Revenue (specify):		
15	**Grant Revenue (HHS & HFS)**	133,907	15
16	**SNAP, Ancillary Telephone & Misc**	183,494	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 317,401	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 4,473,411	18

	II. Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	1,072,857	19
20	Health Care/ Personal Care	557,167	20
21	General Administration	1,477,636	21
	B. Capital Expense		
22	Ownership	1,225,517	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)**	$ 4,333,177	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 140,234	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 140,234	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	$ 702,016	32
33	Private Pay - Net Inpatient Revenue	1,716,158	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) **Managed Care**	1,889,768	35
36	Other-(specify) **Tenant Vacancies**	(163,479)	36
37	TOTAL (This total must agree to Line 3)	$ 4,144,463	37