FOR BHF USE

LL2

Supportive Living Facility

2011
STATE OF ILLINOIS
DEPARTMENT OF HEALTHCARE & FAMILY SERVICES
COST REPORT FOR
SUPPORTIVE LIVING FACILITIES
(FISCAL YEAR 2011)

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: 1000003

Facility Name: DSI Flora Operator LLC

Address: 1003 W. 4th St, (Number) Flora (City) 62839 (Zip Code)

County: Clay

Telephone Number: 618-662-4599 **Fax #** 618-662-6179

Federal Employer ID Number:

Date Current Owners were Certified: 10/25/07

Type of Ownership:

	VOLUNTARY, NON-PROFIT		PROPRIETARY		GOVERNMENTAL
	Charitable Corp.		Individual		State
	Trust		Partnership		County
IRS Exemption Code			Corporation		Other
			"Sub-S" Corp.		
		X	Limited Liability Co.		
			Trust		
			Other		

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 01/01/11 to 12/31/11 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) David J. Mitchell

(Title) CFO, BMA Management, LTD.

Paid Preparer

(Signed)

(Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) ( ) Fax # ( )

In the event there are further questions about this report, please contact:
Name: Selena Edgington **Telephone Number:** 815-935-1992 EXT 232
Email Address:

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 DSI Flora Operator LLC Report Period Beginning: 01/01/11 Ending: 12/31/11

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		Double Unit Apartment			2
3		Other			3
4	52	TOTALS	52	18,980	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	9,868	8,751		18,619	5
6	Double Unit					6
7	Other					7
8	TOTALS	9,868	8,751		18,619	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.10%

D. Indicate the number of paid bed-hold days the SLF had during this year 86 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 22 **(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: 12/31/11 Fiscal Year: 12/31/11
* 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?** **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 principle?** **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 principle?** **If no, explain.**

Facility Name: DSI Flora Operator LLC **Report Period Beginning: 01/01/11 Ending: 12/31/11**

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	146,420	89,475	1,826	237,721		237,721	1
2	Housekeeping, Laundry and Maintenance	56,884	13,034	36,176	106,094		106,094	2
3	Heat and Other Utilities			74,349	74,349	(5,317)	69,032	3
4	Other (specify):			4,579	4,579		4,579	4
5	**TOTAL General Services**	203,304	102,509	116,930	422,743	(5,317)	417,426	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	193,437	1,314		194,751		194,751	6
7	Activities and Social Services		1,842		1,842		1,842	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	193,437	3,156		196,593		196,593	9
	C. General Administration							
10	Administrative and Clerical	74,836	7,102	457,652	539,590	(12,697)	526,893	10
11	Marketing Materials, Promotions and Advertising	28,981	2,887	6,717	38,585		38,585	11
12	Employee Benefits and Payroll Taxes			149,445	149,445		149,445	12
13	Insurance-Property, Liability and Malpractice			3,573	3,573		3,573	13
14	Other (specify):			5,579	5,579		5,579	14
15	**TOTAL General Administration**	103,817	9,989	622,966	736,772	(12,697)	724,075	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	500,558	115,654	739,896	1,356,108	(18,014)	1,338,094	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest			1,249	1,249		1,249	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			802	802		802	22
23	**TOTAL Ownership**			2,051	2,051		2,051	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	500,558	115,654	741,947	1,358,159	(18,014)	1,340,145	24

Facility Name: DSI Flora Operator LLC Report Period Beginning 01/01/11 Ending: 12/31/11

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	$ 20.22	1
2	Licensed Practical Nurses	1	14.34	2
3	Certified Nurse Assistants	7	9.34	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	2	11.26	6
7	Cook Helpers/Assistants	5	8.82	7
8	Dishwashers			8
9	Maintenance Workers	1	15.15	9
10	Housekeepers	2	8.47	10
11	Laundry			11
12	Managers	1	25.63	12
13	Other Administrative	1	10.65	13
14	Clerical			14
15	Marketing	1	13.45	15
16	Other			16
17	Total (lines 1 thru 16)	21	$	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	BMA Management, LTD	$ 71,218	1
2			2
		Total $ 71,218	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
DSI Manteno Operator LLC	Manteno			
DSI Ottawa Operator LLC	Ottawa			
DSI Watseka Operator LLC	Watseka			

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 [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: DSI Flora Operator LLC N/A - LEASED ID Report Period Beginning: 01/01/11 Ending: 12/31/11

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											2
3											3
4											4
5											5
	Improvement Type										
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$	$		$	$	$	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	$	$	$	$		$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$	$	$	$		$	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: DSI Flora Operator LLC Report Period Beginning: 01/01/11 Ending: 12/31/11

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: DSI Flora Owner, LLC

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	2000	52	10/24/07	$ 333,843	30		3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		52		$ 333,843			7

8. Is movable equipment rental included in building rental? [X] 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					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	COUNTRY BANK		X	LINE OF CREDIT	11/1/10	271,000	143,227	10/31/11	VARIABLE	1,249	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					$ 271,000	$ 143,227			$ 1,249	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					$ 271,000	$ 143,227			$ 1,249	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: DSI Flora Operator LLC **Report Period Beginning:** 01/01/11 **Ending:** 12/31/11

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/11 **(last day of reporting year)**

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	$ 18,980	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	202,158		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,640		6
7	Other Prepaid Expenses	1,928		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	**TOTAL Current Assets (sum of lines 1 thru 9)**	$ 227,706	$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost			16
17	Accumulated Depreciation (book methods)			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):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 227,706	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 26,607	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	143,227		29
30	Accrued Salaries Payable	23,712		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	18,936		35
36				36
37	**TOTAL Current Liabilities (sum of lines 26 thru 36)**	$ 212,482	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			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)**	$	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 212,482	$	45
46	**TOTAL EQUITY**	$ 15,224	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 227,706	$	47

***(See instructions.)**

Facility Name: DSI Flora Operator LLC **Report Period Beginning: 01/01/11 Ending: 12/31/11**

XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)

	Revenue	1 Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	$ 1,489,923	1
2	Discounts and Allowances	(423)	2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 1,489,500	3
	B. Other Operating Revenue		
4	Special Services	70,099	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	16,682	8
9	Non-Resident Meals	8,562	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 95,343	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	64	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 64	14
	D. Other Revenue (specify):		
15	**Insurance Dividend**	2,197	15
16			16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 2,197	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 1,587,104	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	422,743	19
20	Health Care/ Personal Care	196,593	20
21	General Administration	736,772	21
	B. Capital Expense		
22	Ownership	2,051	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)**	$ 1,358,159	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ 228,945	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ 228,945	31

COST CENTER EXPENSES

A. General Services - Other

Exterminating	1,872
Rubbish Removal	1,594
Vehicle Expense	1,113
Transportation Service	-
Water Softener	-
Misc Operating	-
Total	**4,579**

C. General Administration - Other

Consulting	253
Legal	90
Accounting	50
Audit	3,925
Contract labor	1,200
Bad Debt	61
Total	**5,579**

D. Ownership

Letter of Credit	802
Mortgage Insurance Premium	
Mortgage Service Fee	
Partnership Management Fee	
Asset Management Fee	
Incentive Manangement Fee	
Tax Credit Fee & Incentive Fee	
Amortization Expense	
Remarketing and Trustee Fee	
Property Damage Loss	
Interest Income	
Total	**802**

Reclassifications and Adjustments

Heat & Other Utilities	(5,317)	Cable
Administrative and Clerical	(12,697)	Telephone Revenue

BALANCE SHEET

C. Current Liabilities

Accrued Liabilities	4,492
Accrued Asset Mgmt Fee	
Accrued Partnership Fee	
Accrued Incentive Mgmt Fee	
Security Deposits	9,088
Unearned Revenue	2,856
Accrued MIP	
Reservation Deposit	2,500
Total Other Current Liabilities	**18,936**