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: 1000065

Facility Name: Plum Creek SLF

Address: 2801 West Algonquin Road (Number) Rolling Meadows IL (City) 60008 (Zip Code)

County: Cook

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

Federal Employer ID Number:

Date Current Owners were Certified: 10/23/06

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: Reuel Crook/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 1/1/11 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) Reuel Crook
(Title) Financial Director - 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: 1/1/11 Ending: 12/31/11

III. STATISTICAL DATA

A. Certified units; enter number of units and unit day
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		3,285	3
4	102	TOTALS	102	40,515	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	24,623	1,244		25,867	5
6	Double Unit	5,487	2,684		8,171	6
7	Other	730	77		807	7
8	TOTALS	30,840	4,005		34,845	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.01%

D. Indicate the number of paid bed-hold days the SLF had during this year 169 **Also, indicate the number of unpaid bed-hold days the SLF had during this year.** 1806 **(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? 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: Plum Creek SLF **Report Period Beginning: 1/1/11 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	250,510	226,666	112,285	589,461		589,461	1
2	Housekeeping, Laundry and Maintenance	83,956	16,204	83,191	183,351	(10,494)	172,857	2
3	Heat and Other Utilities							3
4	Other (specify):							4
5	**TOTAL General Services**	334,466	242,870	195,476	772,812	(10,494)	762,318	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	365,841	4,671		370,512		370,512	6
7	Activities and Social Services	34,721	11,386		46,107	(6,006)	40,101	7
8	Other (specify):							8
9	**TOTAL Health Care and Programs**	400,562	16,057		416,619	(6,006)	410,613	9
	C. General Administration							
10	Administrative and Clerical	180,475	74,801	36,777	292,053		292,053	10
11	Marketing Materials, Promotions and Advertising	45,247		43,037	88,284		88,284	11
12	Employee Benefits and Payroll Taxes	111,779	2,149	72,774	186,702		186,702	12
13	Insurance-Property, Liability and Malpractice			239,254	239,254		239,254	13
14	Other (specify): Professional & Management Fees							14
15	**TOTAL General Administration**	337,501	76,950	391,842	806,293		806,293	15
16	**TOTAL Operating Expense (Sum of lines 5, 9 and 15)**	1,072,529	335,877	587,318	1,995,724	(16,500)	1,979,224	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			554,726	554,726		554,726	17
18	Interest			745,200	745,200		745,200	18
19	Real Estate Taxes			77,793	77,793		77,793	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			15,916	15,916		15,916	21
22	Other (specify): Amortization of Prepaid Closing Costs			27,184	27,184		27,184	22
23	**TOTAL Ownership**			1,420,819	1,420,819		1,420,819	23
24	**GRAND TOTAL (Sum of lines 16 and 23)**	1,072,529	335,877	2,008,137	3,416,543	(16,500)	3,400,043	24

Facility Name: Plum Creek SLF Report Period Beginning 1/1/11 Ending: 12/31/11

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	$ 23.32	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	14	9.83	3
4	Activity Director & Assistants	1	15.87	4
5	Social Service Workers			5
6	Head Cook	1	21.64	6
7	Cook Helpers/Assistants	14	9.46	7
8	Dishwashers			8
9	Maintenance Workers	1	10.00	9
10	Housekeepers	3	8.30	10
11	Laundry			11
12	Managers	2	28.02	12
13	Other Administrative	4	10.74	13
14	Clerical			14
15	Marketing	1	20.20	15
16	Other			16
17	Total (lines 1 thru 16)	43	$ 11.30	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	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: N/A 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: Plum Creek SLF Report Period Beginning: 1/1/11 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	102		2006	2006	$ 12,602,734	$ 458,984	40	$ 315,068	$ (143,916)	$ 2,373,863	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Building Improvement			2007	10,518	211	40		(211)		6
7	Building Improvement			2007	3,392	68	40		(68)		7
8	Building Improvement			2007	8,575	173	40		(173)		8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				$ 12,625,219	$ 459,436		$ 315,068	$ (144,368)	$ 2,373,863	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	$ 88,782	$ 67,463	(21,319)	7	$ 480,983	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	$ 472,832	$ 88,782	$ 67,463	(21,319)		$ 480,983	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:** 1/1/11 **Ending:** 12/31/11

IX. RENTAL COSTS

A. Building and Fixed Equipmen

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			X	Building Purchase/Remodel	4/1/06	$ 11,600,000	$ 11,135,000	12/1/37	6.5000	$ 745,200	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	**TOTAL Facility Related**					$ 11,600,000	$ 11,135,000			$ 745,200	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	**TOTALS (lines 7, 8 and 9)**					$ 11,600,000	$ 11,135,000			$ 745,200	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:** 1/1/11 **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	$ 55,925	$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	568,923		3
4	Supply Inventory (priced a)			4
5	Short-Term Investments			5
6	Prepaid Insurance	4,819		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)**	$ 629,667	$	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	12,508,850		14
15	Leasehold Improvements, at Historical Cos	122,323		15
16	Equipment, at Historical Cost	489,448		16
17	Accumulated Depreciation (book methods	(2,891,106)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	815,538		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(156,312)		20
21	Restricted Funds	1,254,290		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	**TOTAL Long-Term Assets (sum of lines 11 thru 23)**	$ 12,992,432	$	24
25	**TOTAL ASSETS (sum of lines 10 and 24)**	$ 13,622,099	$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	$ 105,122	$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	37,266		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	76,576		31
32	Accrued Interest Payable	72,800		32
33	Deferred Compensation			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)**	$ 291,764	$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable	11,135,000		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)**	$ 11,135,000	$	44
45	**TOTAL LIABILITIES (sum of lines 37 and 44)**	$ 11,426,764	$	45
46	**TOTAL EQUITY**	$ 2,195,335	$	46
47	**TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)**	$ 13,622,099	$	47

***(See instructions.)**

Facility Name: Plum Creek SLF **Report Period Beginning: 1/1/11 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	$ 3,252,725	1
2	Discounts and Allowances		2
3	**SUBTOTAL Resident Care (line 1 minus line 2)**	$ 3,252,725	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	4,730	9
10	Laundry		10
11	**SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)**	$ 4,730	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	910	13
14	**SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)**	$ 910	14
	D. Other Revenue (specify):		
15	**Telephone**	26,092	15
16	**Food Stamp Allowance**	112,759	16
17	**SUBTOTAL Other Revenue (sum of lines 15 and 16)**	$ 138,851	17
18	**TOTAL REVENUE (sum of lines 3, 11, 14 and 17)**	$ 3,397,216	18

	Expenses	2 Amount	
	A. Operating Expenses		
19	General Services	762,318	19
20	Health Care/ Personal Care	410,613	20
21	General Administration	806,293	21
	B. Capital Expense		
22	Ownership	1,420,819	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)**	$ 3,400,043	28
29	**Income Before Income Taxes (line 18 minus line 28)**	$ (2,827)	29
30	**Income Taxes**	$	30
31	**NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)**	$ (2,827)	31