

		FOR BHF USE			

LL2

Supportive Living Facility

2017

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2017)

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: 1000030

Facility Name: Asbury of Kankakee Supp Lvg

Address: 1975 E Court St Kankakee 60901

County: Kankakee

Telephone Number: (815-) 936-1000 Fax # ()

Federal Employer ID Number:

Date Current Owners were Certified: 10/1/16

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

X Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

In the event there are further questions about this report, please contact:

Name: Michael Zahtz Telephone Number: (847) 676-1700

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 1/1/17 to 12/31/17 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)

(Type or Print Name) Michael Zahtz

(Title) Manager

Paid Preparer

(Signed)

(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

HFS 3745C (N-4-05)

IL478-2471

Facility Name **Asbury of Kankakee Supp Lvg**

Report Period Beginning: 1/1/17 **Ending:** 12/31/17

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units / /

1		2		3		4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period			
1	62	Single Unit Apartment	62	22,630	1		
2	18	Double Unit Apartment	18	6,570	2		
3		Other		1,254	3		
4	80	TOTALS	80	30,454	4		

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	17,147	1,495		18,642	5
6	Double Unit	1,815	839		2,654	6
7	Other					7
8	TOTALS	18,962	2,334		21,296	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.)	69.93%
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D. Indicate the number of paid bed-hold days the SLF had during this year

433 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 ☒

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES ☐ NO ☒

**G. List all services provided by your facility for non-residents.
(E.g., day care, "meals on wheels", outpatient therapy)**

H. ACCOUNTING BASIS

ACCUAL	☒	MODIFIED		
CASH*	☐	CASH*	☐	

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/17 **Fiscal Year:** 12/31/17

* 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.

STATE OF ILLINOIS

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Facility Name: Asbury of Kankakee Supp Lvg

Report Period Beginning:

1/1/17

Ending:

12/31/17

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

Operating Expenses		Costs Per General Ledger				Reclassifications and Adjustments	Adjusted Total	
		Salary/Wage 1	Supplies 2	Other 3	Total 4			
	A. General Services							
1	Dietary and Food Purchase	145,081	7,341	132,842	285,264		285,264	1
2	Housekeeping, Laundry and Maintenance	118,856	36,555	124,818	280,229		280,229	2
3	Heat and Other Utilities			92,841	92,841		92,841	3
4	Other (specify): Scavenger			16,260	16,260		16,260	4
5	TOTAL General Services	263,937	43,896	366,761	674,594		674,594	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	314,290	7,611	50,829	372,730		372,730	6
7	Activities and Social Services	36,923	4,063	156	41,142		41,142	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	351,213	11,674	50,985	413,872		413,872	9
	C. General Administration							
10	Administrative and Clerical	210,186	28,311	280,459	518,956	605	519,561	10
11	Marketing Materials, Promotions and Advertising	1,997	7,206	33,356	42,559		42,559	11
12	Employee Benefits and Payroll Taxes	107,068			107,068		107,068	12
13	Insurance-Property, Liability and Malpractice	34,996			34,996	6,647	41,643	13
14	Other (specify):							14
15	TOTAL General Administration	354,247	35,517	313,815	703,579	7,252	710,831	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	969,397	91,087	731,561	1,792,045	7,252	1,799,297	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					3,908	3,908	17
18	Interest					193,081	193,081	18
19	Real Estate Taxes					88,012	88,012	19
20	Rent -- Facility and Grounds			312,000	312,000	(312,000)		20
21	Rent -- Equipment			6,362	6,362		6,362	21
22	Other (specify):							22
23	TOTAL Ownership			318,362	318,362	(26,999)	291,363	23
24	GRAND TOTAL (Sum of lines 16 and 23)	969,397	91,087	1,049,923	2,110,407	(19,747)	2,090,660	24

Facility Name: Asbury of Kankakee Supp Lvg

Report Period Beginning 1/1/17 Ending: 12/31/17

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 31.53	1
2	Licensed Practical Nurses	2	20.57	2
3	Certified Nurse Assistants	9	10.77	3
4	Activity Director & Assistants	1	14.19	4
5	Social Service Workers			5
6	Head Cook	1	29.12	6
7	Cook Helpers/Assistants	5	9.51	7
8	Dishwashers	1	8.78	8
9	Maintenance Workers	2	18.33	9
10	Housekeepers	2	9.54	10
11	Laundry			11
12	Managers	1	56.75	12
13	Other Administrative	2	9.59	13
14	Clerical	1	21.92	14
15	Marketing	0	21.67	15
16	Other			16
17	Total (lines 1 thru 16)	27	\$	17

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
Asbury Gardens SLF	Aurora
Asbury Court	Des Plaines
Moraine Court	Bridgeview
Asbury Gardens SNF	

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	\$	1
2		2
Total		\$ 3

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).

OTHER RELATED BUSINESS ENTITIES		
Name 3	City 4	Type of Business 5
Asbury Healthcare	Lincolnwood	Management

Facility Name: Asbury of Kankakee Supp Lvg Report Period Beginning: 1/1/17 Ending: 12/31/17

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	See attachment1										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: Asbury of Kankakee Supp Lvg Report Period Beginning: 1/1/17 Ending: 12/31/17

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	2	3	4	5	6		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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	2		3	4	6		7	8	9	
	Name of Lender	Related**		Purpose of Loan	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1					/ /	\$	\$	/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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.

STATE OF ILLINOIS

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Facility Name: Asbury of Kankakee Supp Lvg

Report Period Beginning: 1/1/17

Ending: 12/31/17

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/17

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 561,483	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	522,781		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	27,721		6
7	Other Prepaid Expenses	4,080		7
8	Accounts Receivable (owners or related parties)	(28,102)		8
9	Other(specify):	468		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,088,431	\$	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)	\$ 1,088,431	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 73,401	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	29,864		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	Management Fee Payable	81,968		35
36	Other	816,729		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,001,962	\$	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)	\$ 1,001,962	\$	45
46	TOTAL EQUITY	\$ 86,469	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,088,431	\$	47

*(See instructions.)

Facility Name: Asbury of Kankakee Supp Lvg

Report Period Beginning: 1/1/17

Ending:

12/31/17

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

		1	
	I. Revenue	Amount	
	A. SLF Resident Care		
1	Gross SLF Resident Revenue	\$ 2,168,896	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,168,896	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	1,650	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	125	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,775	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	7,608	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 7,608	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,178,279	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	674,594	19
20	Health Care/ Personal Care	413,872	20
21	General Administration	703,579	21
	B. Capital Expense		
22	Ownership	318,362	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)	\$ 2,110,407	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 67,872	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 67,872	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,303,768	32
33	Private Pay - Net Inpatient Revenue	865,128	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,168,896	37

Pg8 Line 36 Other:

Rent Payable	384,000.00
Due to Affiliates	432,104.00
Clearing Acct	585.00
Payroll W/H Acct	40.00
Total	816,729.00

Related Party Expenses

VII. C.

Description	Amount
Accounting, Billing, Payroll Service	73,309.30
Property Taxes	88,012.00
Insurance	6,647.00
Depreciation	3,908.00
Interest	193,081.00
Other Fees	605.00
Total Related Party Expenses	365,562

Expenses Adjustments:

Other Fees	605	pg. 3 IV. 10
Property taxes	88,012.00	pg. 3 IV. 19
Insurance	6,647.00	pg. 3 IV. 13
Interest	193,081.00	pg. 3 IV. 18
Depreciation	3,908.00	pg. 3 IV. 17
Rent	(312,000)	pg. 3 IV. 20
Total Adjustments	(19,747)	