

		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: 1000149

Facility Name: GATEWAY AT RIVER CITY

Address: 518 W ROMEO B GARRET PEORIA 61605

Number City Zip Code

County: PEORIA

Telephone Number: (309) 673-3115 Fax # 309 673-3117

Federal Employer ID Number:

Date Current Owners were Certified: 10/27/2016

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☐	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☒	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☐	"Sub-S" Corp.		
		☐	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 01/01/2017 to 12/31/2017 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)	Greg Echols	
Paid Preparer	(Title)	CFO, Gardant Management Solutions	
	(Signed)		(Date)
	(Print Name and Title)		
	(Firm Name & Address)		
	(Telephone)	()	Fax # ()

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

Name: Thomas Staszak Telephone Number: (815) 935-1992

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

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	100	Single Unit Apartment	100	36,500	1
2	5	Double Unit Apartment	5	1,825	2
3		Other			3
4	105	TOTALS	105	38,325	4

B. Census-For the entire report period.

	1	2	3	4	5	
	Type of Unit	Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	21,181	1,035		22,216	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,181	1,035		22,216	8

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

57.97%

D. Indicate the number of paid bed-hold days the SLF had during this year

469

 Also, indicate the number of unpaid bed-hold days the SLF had during this year.

7

 (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: 2017 Fiscal Year: 2017

* 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: GATEWAY AT RIVER CITY

Report Period Beginning:

01/01/2017

Ending:

12/31/2017

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	168,779	128,197	2,007	298,983		298,983	1
2	Housekeeping, Laundry and Maintenance	77,460	18,912	14,234	110,606		110,606	2
3	Heat and Other Utilities			96,775	96,775	(7,236)	89,539	3
4	Other (specify): See Page 3 Attachment			15,168	15,168		15,168	4
5	TOTAL General Services	246,239	147,109	128,184	521,532	(7,236)	514,296	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	356,129	11,289		367,418		367,418	6
7	Activities and Social Services	33,694	4,624		38,318		38,318	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	389,823	15,913		405,736		405,736	9
	C. General Administration							
10	Administrative and Clerical	186,704	24,406	194,663	405,773	(2,430)	403,343	10
11	Marketing Materials, Promotions and Advertising	65,356	6,748	44,619	116,723		116,723	11
12	Employee Benefits and Payroll Taxes			199,167	199,167		199,167	12
13	Insurance-Property, Liability and Malpractice			51,803	51,803		51,803	13
14	Other (specify): See Page 3 Attachment			109,136	109,136	(64,599)	44,537	14
15	TOTAL General Administration	252,060	31,154	599,388	882,602	(67,029)	815,573	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	888,122	194,176	727,572	1,809,870	(74,265)	1,735,605	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			690,399	690,399		690,399	17
18	Interest			287,421	287,421	(1,809)	285,612	18
19	Real Estate Taxes			115,019	115,019		115,019	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			8,123	8,123		8,123	21
22	Other (specify): See Page 3 Attachment			85,501	85,501		85,501	22
23	TOTAL Ownership			1,186,463	1,186,463	(1,809)	1,184,654	23
24	GRAND TOTAL (Sum of lines 16 and 23)	888,122	194,176	1,914,036	2,996,334	(76,074)	2,920,260	24

Facility Name: GATEWAY AT RIVER CITY

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	Inc line 12	\$ Inc line 12	1
2	Licensed Practical Nurses	1	27.03	2
3	Certified Nurse Assistants	10	11.90	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6	10.62	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	9.43	10
11	Laundry			11
12	Managers	4	23.86	12
13	Other Administrative	4	20.80	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	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

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	Gardant Management Solutions	\$ 106,812	1
2			2
Total		\$ 106,812	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? \$

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: GATEWAY AT RIVER CITY Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 1,793,354 Year land was acquired 2015

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	105			2016	\$ 10,406,017	\$ 260,150	40	\$ 260,150	\$ 0	\$ 318,639	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Leasehold Improvements				1,186,018	59,302	20	59,301	(1)	72,624	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)				\$ 11,592,035	\$ 319,452		\$ 319,451	\$ (1)	\$ 391,263	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	\$ 3,715,746	\$ 370,947	\$	(370,947)	10	\$ 454,142	18
19					\$		-	19
20	TOTAL (lines 18 and 19)	\$ 3,715,746	\$ 370,947	\$	(370,947)		\$ 454,142	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: GATEWAY AT RIVER CITY

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

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**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	P/R MORTGAGE & INVEST		X	FIRST MORTGAGE	5/1/2015	\$ 9,000,000	\$ 8,889,293	12/1/1956	0.0328	\$ 287,421	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 9,000,000	\$ 8,889,293			\$ 287,421	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 9,000,000	\$ 8,889,293			\$ 287,421	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: GATEWAY AT RIVER CITY

Report Period Beginning: 01/01/2017

Ending: 12/31/2017

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2017

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 437,378	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (64,599))	622,659		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,393		6
7	Other Prepaid Expenses	3,256		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	2,222		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,081,907	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	1,793,354		13
14	Buildings, at Historical Cost	10,406,017		14
15	Leasehold Improvements, at Historical Cost	1,186,018		15
16	Equipment, at Historical Cost	3,715,746		16
17	Accumulated Depreciation (book methods)	(845,405)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	141,004		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(14,100)		20
21	Restricted Funds	850,585		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 17,233,219	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 18,315,126	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 31,358	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable	80,259		31
32	Accrued Interest Payable	24,297		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,034,870		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,170,785	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,612,703		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)	\$ 8,612,703	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,783,488	\$	45
46	TOTAL EQUITY	\$ 8,531,638	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 18,315,126	\$	47

*(See instructions.)

Facility Name: GATEWAY AT RIVER CITY

Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	\$ 2,113,471	1
2	Discounts and Allowances	(10,584)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,102,887	3
	B. Other Operating Revenue		
4	Special Services	80,065	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	153	8
9	Non-Resident Meals	3,472	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 83,690	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,809	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,809	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,975	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,975	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,193,361	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	521,532	19
20	Health Care/ Personal Care	405,736	20
21	General Administration	882,602	21
	B. Capital Expense		
22	Ownership	1,186,463	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)	\$ 2,996,334	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (802,973)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (802,973)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,386,264	32
33	Private Pay - Net Inpatient Revenue	716,623	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,102,887	37

Expenses PG 3 Other

[illegible]

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail			Amt	Current Liabilities Detail			Amt
1102-9971-0-0	A/R-Employee Advance	-		2111-0040-0-0	Construction Account Payable	-	
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-		2112-0100-0-0	Accrued Asset Management Fee	15,450	
1102-9973-0-0	A/R-Insurance Reimbursemen	-		2112-0101-0-0	Accrued Partnership Mgmt Fee	-	
1102-9974-0-0	A/R-Subscription Receivable	-		2112-0102-0-0	Accrued Incentive Mgmt Fee	-	
1102-9975-0-0	A/R-CIP	-		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
1102-9976-0-0	A/R-Other	-		2112-0105-0-0	Accrued Liabilities	22,757	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	2,222		2112-0115-0-0	Accrued Developer Fee	992,640	
1105-0009-0-0	Transfer Account	-		2112-0130-0-0	Accrued MIP	-	
1105-0012-0-0	Undeposited Funds	-		2112-0140-0-0	Accrued Vacation	-	
				2112-0144-0-0	Payroll Union Dues	-	
				2112-0146-0-0	Payroll Benefits	-	
				2112-0150-0-0	Security Deposits	-	
				2112-0154-0-0	Unclaimed Property	-	
				2112-0155-0-0	Reservation Deposit	405	
				2112-0156-0-0	Buy Down Credit	-	
				2112-0157-0-0	Unapplied Last Month Rent	-	
				2112-0158-0-0	Deferred Gain on Sale	-	
				2112-0159-0-0	Unearned Revenue	3,618	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			2,222			#####	

Other Long Term Assets Detail		
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
		-

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	4,975
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
		4,975