

		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: 1000045

Facility Name: HERITAGE WOODS OF MANTENO

Address: 355 DIVERSATCH DRIVE MANTENO 60950

Number City Zip Code

County: KANKAKEE

Telephone Number: (815) 468-3553 Fax # 815 468-3888

Federal Employer ID Number:

Date Current Owners were Certified: 10/25/2007

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT

☐ Charitable Corp.

☐ Trust

IRS Exemption Code

☐ PROPRIETARY

☐ Individual

☐ Partnership

☐ Corporation

☐ "Sub-S" Corp.

☒ Limited Liability Co.

☐ Trust

☐ Other

☐ GOVERNMENTAL

☐ State

☐ County

☐ Other

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

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

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 01/01/2017 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

(Title) CFO, Gardant Management Solutions

(Signed) (Date)

(Print Name and Title)

(Firm Name & Address)

(Telephone) () Fax # ()

Paid Preparer

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 HERITAGE WOODS OF MANTENO Report Period Beginning: 01/01/2017 Ending: 12/31/2017

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	81	Single Unit Apartment	81	29,565	1
2	6	Double Unit Apartment	6	2,190	2
3		Other			3
4	87	TOTALS	87	31,755	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	21,264	9,154		30,418	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,264	9,154		30,418	8

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

95.79%

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

388

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

13

 (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:

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.

HFS 3745C (N-4-05)

IL478-2471

Facility Name: HERITAGE WOODS OF MANTENO

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	190,510	150,185	2,509	343,204		343,204	1
2	Housekeeping, Laundry and Maintenance	84,428	33,374	112,488	230,290		230,290	2
3	Heat and Other Utilities			156,805	156,805	(25,826)	130,979	3
4	Other (specify): See Page 3 Attachment			22,847	22,847		22,847	4
5	TOTAL General Services	274,938	183,559	294,649	753,146	(25,826)	727,320	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	404,096	9,448		413,544		413,544	
7	Activities and Social Services	27,324	5,515		32,839		32,839	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	431,420	14,963		446,383		446,383	9
	C. General Administration							
10	Administrative and Clerical	140,556	19,443	230,412	390,411	(32,767)	357,644	10
11	Marketing Materials, Promotions and Advertising	21,531	6,263	24,193	51,987		51,987	11
12	Employee Benefits and Payroll Taxes			179,397	179,397		179,397	12
13	Insurance-Property, Liability and Malpractice			45,458	45,458		45,458	13
14	Other (specify): See Page 3 Attachment			85,431	85,431	(15,222)	70,209	14
15	TOTAL General Administration	162,087	25,706	564,891	752,684	(47,989)	704,695	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	868,445	224,228	859,540	1,952,213	(73,815)	1,878,398	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			279,643	279,643		279,643	17
18	Interest			266,682	266,682	(2,185)	264,497	18
19	Real Estate Taxes			159,854	159,854		159,854	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			44,291	44,291		44,291	21
22	Other (specify): See Page 3 Attachment			325,164	325,164	281,241	606,405	22
23	TOTAL Ownership			1,075,634	1,075,634	279,056	1,354,690	23
24	GRAND TOTAL (Sum of lines 16 and 23)	868,445	224,228	1,935,174	3,027,847	205,241	3,233,088	24

Facility Name: HERITAGE WOODS OF MANTENO

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	22.69	2
3	Certified Nurse Assistants	13	9.95	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	8	9.12	7
8	Dishwashers			8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	8.82	10
11	Laundry			11
12	Managers	5	20.09	12
13	Other Administrative	3	22.95	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)	33	\$	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
DSI WATSEKA OPERATOR & OWNER		WATSEKA	
DSI FLORA OPERATOR & OWNER		FLORA	
DSI OTTAWA OPERATOR & OWNER		OTTAWA	

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).

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	\$ 162,501	1
2			2
Total		\$ 162,501	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF MANTENO Report Period Beginning: 01/01/2017 Ending: 12/31/2017

VIII. OWNERSHIP COSTS

A. Purchase price of land \$ 229,234 Year land was acquired 2001

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	87			2005	\$ 7,384,981	\$ 268,545	27.5	\$ 268,545	\$ 0	\$ 2,730,205	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)				\$ 7,384,981	\$ 268,545		\$ 268,545	\$ 0	\$ 2,730,205	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	\$ 360,802	\$ 11,098	\$ 72,160	61,062	5	\$ 348,640	18
19	Vehicles	20,817			\$		20,817	19
20	TOTAL (lines 18 and 19)	\$ 381,619	\$ 11,098	\$ 72,160	61,062		\$ 369,457	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: HERITAGE WOODS OF MANTENO

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☐ 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	MIDLAND STATES BANK		X	FIRST MORTGAGE	9/1/2013	\$ 9,596,500	\$ 8,702,733	8/1/2047	0.0302	\$ 257,189	1
2											2
3											3
	Working Capital										
4	PEOPLES BANK		X	LINE OF CREDIT	1/5/17	8,000,000	13,883	1/3/18	VARIABLE	9,492	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 17,596,500	\$ 8,716,616			\$ 266,681	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 17,596,500	\$ 8,716,616			\$ 266,681	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: HERITAGE WOODS OF MANTENO

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	\$ 39,887	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (25,844))	480,305		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	54,082		6
7	Other Prepaid Expenses	14,456		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Page 7 Attachment	7,915		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 596,645	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	229,234		13
14	Buildings, at Historical Cost	7,384,981		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	381,619		16
17	Accumulated Depreciation (book methods)	(3,099,662)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs	3,044,676		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(1,075,988)		20
21	Restricted Funds	404,855		21
22	Other Long-Term Assets (specify):			22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 7,269,716	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,866,361	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 117,624	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	13,883		29
30	Accrued Salaries Payable	27,519		30
31	Accrued Taxes Payable	161,598		31
32	Accrued Interest Payable	21,967		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	57,343		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 399,935	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	8,865,574		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)	\$ 8,865,574	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 9,265,508	\$	45
46	TOTAL EQUITY	\$ (1,399,147)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,866,361	\$	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MANTENO

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	\$ 3,518,766	1
2	Discounts and Allowances	(2,791)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,515,975	3
	B. Other Operating Revenue		
4	Special Services	112,689	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care	12,393	8
9	Non-Resident Meals	8,245	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 133,327	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,185	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,185	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,021	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,021	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,655,508	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	753,146	19
20	Health Care/ Personal Care	446,383	20
21	General Administration	752,684	21
	B. Capital Expense		
22	Ownership	1,075,634	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)	\$ 3,027,847	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 627,661	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 627,661	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,266,740	32
33	Private Pay - Net Inpatient Revenue	2,249,235	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,515,975	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	-	
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	5,000		2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-	
1102-9976-0-0	A/R-Other	2,422		2112-0105-0-0	Accrued Liabilities	29,544	
1102-9978-0-0	A/R-TIF/Abatement	-		2112-0110-0-0	Accrued Insurance	-	
1105-0006-0-0	Security Deposit-Equip & Util	493		2112-0115-0-0	Accrued Developer Fee	-	
1105-0009-0-0	Transfer Account	-		2112-0130-0-0	Accrued MIP	-	
1105-0012-0-0	Undeposited Funds	-		2112-0140-0-0	Accrued Vacation	-	0
				2112-0144-0-0	Payroll Union Dues	-	0
				2112-0146-0-0	Payroll Benefits	-	
				2112-0150-0-0	Security Deposits	-	
				2112-0154-0-0	Unclaimed Property	911	
				2112-0155-0-0	Reservation Deposit	12,600	
				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	14,289	
				2112-0159-1-0	Medicaid Prepayments	-	
				2112-0159-2-0	Prepaid Medicaid Clearing	-	
				2112-0159-3-0	Prepaid Rent	-	
			7,915				57,343
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	505	
3300-3391-0-0	Property Tax Adjustments	-	
3300-3392-0-0	Property Lease Income	-	
3300-3393-0-0	Insurance Adjustments	3,516	
3300-3395-0-0	Developer Fee Income	-	
3300-3396-0-0	Home Office Rent Income	-	
		4,021	0
			0