

		FOR BHF USE			

LL2

Supportive Living Facility

2018

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2018)

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: 1000107

Facility Name: Evergreen Place Litchfield

Address: 1015 East Tyler Ave Litchfield 62056

Number City Zip Code

County: Montgomery

Telephone Number: (217) 324-1500 Fax # ()

Federal Employer ID Number:

Date Current Owners were Certified: 2008

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input checked="" type="checkbox"/>	Partnership	<input type="checkbox"/>	County
		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
IRS Exemption Code		<input type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

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

Name: David M Underwood Telephone Number: ()

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 1/1/2018 to 12/31/2018 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 M Underwood

(Title) EVP/CFO

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 **Evergreen Place Litchfield****Report Period Beginning: 1/1/2018 Ending: 12/31/2018**

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	69	Single Unit Apartment	69	25,185	1		
2		Double Unit Apartment			2		
3		Other			3		
4	69	TOTALS	69	25,185	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	14,756	8,566		23,322	5
6	Double Unit					6
7	Other					7
8	TOTALS	14,756	8,566		23,322	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 92.60%

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

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*
	X		

I. Is your fiscal year identical to your tax year? ☒ 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? Yes If yes, did the facility make all of the required payments of interest and principal? Yes
If no, explain.

K. Does the facility have any loans from the Federal Home Loan Bank outstanding? N **If yes, did the facility make all of the required payments of interest and principal?**
If no, explain.

L. Does the facility have any loans from the IL Dept of Commerce and Economic Opportunity outstanding? N If yes, did the facility make all of the required payments of interest and principal?
If no, explain.

STATE OF ILLINOIS

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Facility Name: Evergreen Place Litchfield

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

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	177,686	161,209		338,895		338,895	1
2	Housekeeping, Laundry and Maintenance	78,901	33,814		112,715		112,715	2
3	Heat and Other Utilities			141,254	141,254		141,254	3
4	Other (specify):							4
5	TOTAL General Services	256,587	195,023	141,254	592,864		592,864	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	314,469	5,040	4,661	324,170		324,170	6
7	Activities and Social Services	23,606	3,667		27,273		27,273	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	338,075	8,707	4,661	351,443		351,443	9
	C. General Administration							
10	Administrative and Clerical	163,425	12,690	165,538	341,653	(8,359)	333,294	10
11	Marketing Materials, Promotions and Advertising			40,766	40,766		40,766	11
12	Employee Benefits and Payroll Taxes			138,176	138,176		138,176	12
13	Insurance-Property, Liability and Malpractice			65,644	65,644		65,644	13
14	Other (specify):							14
15	TOTAL General Administration	163,425	12,690	410,124	586,239	(8,359)	577,880	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	758,087	216,420	556,039	1,530,546	(8,359)	1,522,187	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			312,840	312,840		312,840	17
18	Interest			412,712	412,712	(24,259)	388,453	18
19	Real Estate Taxes			63,645	63,645		63,645	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment			27,725	27,725		27,725	21
22	Other (specify):							22
23	TOTAL Ownership			816,922	816,922	(24,259)	792,663	23
24	GRAND TOTAL (Sum of lines 16 and 23)	758,087	216,420	1,372,961	2,347,468	(32,618)	2,314,850	24

Facility Name: Evergreen Place Litchfield

Report Period Beginning 1/1/2018 Ending: 12/31/2018

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.95	\$ 30.67	1
2	Licensed Practical Nurses	0.73	18.59	2
3	Certified Nurse Assistants	8.37	12.45	3
4	Activity Director & Assistants	0.16	13.36	4
5	Social Service Workers	0.65	14.31	5
6	Head Cook			6
7	Cook Helpers/Assistants	8.18	10.29	7
8	Dishwashers			8
9	Maintenance Workers	0.97	18.78	9
10	Housekeepers	1.92	9.92	10
11	Laundry			11
12	Managers			12
13	Other Administrative			13
14	Clerical	2.99	14.60	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	24.92	\$ 12.98	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
Evergreen Streator LP	Streator

OTHER RELATED BUSINESS ENTITIES

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: _____ 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	Heritage Enterprises	0.10%		\$ 50,000	1
2	Cinnaire	99.90%		5,000	2
3					3
4					4
5					5
Total				\$ 55000	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1	Heritage Operations Group LLC	\$ 67,894	1
2			2
Total		\$ 67,894	3

Facility Name: Evergreen Place Litchfield

Report Period Beginning:

1/1/2018

Ending:

12/31/2018

VIII. OWNERSHIP COSTSA. Purchase price of land 59,450 Year land was acquired 2008

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	69				\$ 9,158,426	\$ 251,966		\$ 251,966	\$	2,528,683	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Landscaping			2009	13,600						6
7	Electric Door Opener			2011	3,575						7
8	Flooring			2014	3,052						8
9	10 Ton Compressor Installation			2014	3,767						9
10	Reconstruct fire panels			2014	5,000						10
11	Install new plank flooring			2015	3,312						11
12	New compressor and expansion valve			2016	2,876						12
13	Install new entryway carpet			2016	3,112						13
14	Common area upgrade - new flooring			2017	3,494						14
15	Carpet roll acquisitions - resident rooms			2018	9,464						15
16	Nurse call and Phone system installation			2018	54,116						16
17	TOTAL (lines 1 thru 16)				\$ 9,263,794	\$ 251,966		\$ 251,966	\$	2,528,683	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	\$ 727,857	\$ 60,874	\$ 60,874	\$		\$ 705,963	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 727,857	\$ 60,874	\$ 60,874	\$		\$ 705,963	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: Evergreen Place Litchfield

Report Period Beginning: 1/1/2018

Ending: 2/31/2018

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: None

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

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	IHDA		x		/ /	\$	7,069,953	/ /		\$ 412,712	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	7,069,953			\$ 412,712	7
	B. Non-Facility Related										
8	Interest Income				/ /			/ /		-24,259	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	7,069,953			\$ 388,453	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.

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Facility Name: Evergreen Place Litchfield

Report Period Beginning: 1/1/2018

Ending: 12/31/2018

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2018

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,331,217	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	233,147		3
4	Supply Inventory (priced <u>FIFO</u>)	15,433		4
5	Short-Term Investments			5
6	Prepaid Insurance	80,359		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(4,948)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,655,208	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	788,611		13
14	Buildings, at Historical Cost	8,528,007		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	727,857		16
17	Accumulated Depreciation (book methods)	(3,234,646)		17
18	Deferred Charges	168,662		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)	\$ 6,978,491	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 8,633,699	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 135,316	\$	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	65,513		31
32	Accrued Interest Payable	31,251		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Deferred Development Fees</u>	560,367		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 792,447	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	7,069,953		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)	\$ 7,069,953	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 7,862,400	\$	45
46	TOTAL EQUITY	\$ 771,299	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 8,633,699	\$	47

*(See instructions.)

Facility Name: Evergreen Place Litchfield

Report Period Beginning: 1/1/2018

Ending:

12/31/2018

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	\$ 2,262,328	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,262,328	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	6,214	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 6,214	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	24,259	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 24,259	14
	D. Other Revenue (specify):		
15	Miscellaneous	543	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 543	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,293,344	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	592,864	19
20	Health Care/ Personal Care	351,443	20
21	General Administration	586,239	21
	B. Capital Expense		
22	Ownership	816,922	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)	\$ 2,347,468	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (54,124)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (54,124)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$	32
33	Private Pay - Net Inpatient Revenue		33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$	37

Description	G/L Balance	Cost Rpt Grouping	Sch 5 pg 3 Line #	Sch 5 pg 3 Col #	Sch 6 pg Line #	Adjustment Amount			
PETTY CASH	1,331,217						1,009	1,009 CASH	1,331,217
CASH IN BANK							1,100	1,100 ACCTS RI	291,802
CASH IN BANK-PAYROLL							1,101	1,101 ALLOW. I	-58,655
ACCOUNTS RECEIVABLE	233,147						1,110	1,110 ACCTS RECEIV-M/C	
MEDICARE RECEIVABLES							1,125	1,125 ACCTS RECEIV-IPA	
IPA INCOME RECEIVABLE							1,135	1,135 ACCTS RECEIV-IC	
MEDICARE COST REPORT							1,140	1,140 UNAPPLIED CASH RECEIPTS	
ACCOUNTS RECEIVABLE-IC							1,145	1,145 A/R SUSPENSE-REFUNDS	
UNAPPLIED CASH RECEIPTS							1,200	1,200 PREPAID	80,359
A/R SUSPENSE-REFUNDS							1,220	1,220 OTHER PREPAID EXPENSES	
ACCRUED INTEREST REC							1,300	1,300 DIETARY	15,433
PREPAID INSURANCE	80,359						1,310	1,310 SUPPLIES	
OTHER PREPAID EXPENSES							1,320	1,320 LINEN INVENTORY	
FOOD INVENTORY	15,433						1,409	1,409 LAND	788,611
SUPPLIES INVENTORY							1,450	1,450 FURNITU	727,857
LAND	788,611						1,460	ACCUM I	-705,963
FURNITURE & EQUIPMENT	727,857						1,475	1,475 BUILDING	8,528,007
ACCUM DEPR-FURN & EQUIP	-705,963						1,490	1,490 ACCUM I	-2,528,683
BUILDING & IMPROVEMENT	8,528,007						1,530	1,530 RESIDENT	1,799
ACCUM DEPR-BUILDING	-2,528,683						1,550	1,550 LOAN FEI	168,662
RESIDENT FUNDS	1,799						1,551	1,551 LOAN FEES ADDED	
LOAN FEES	168,662						1,850	1,850 INTERCO	-4,948
REAL ESTATE TAX ESCROW							2,010	2,010 ACCOUN	-135,316
REIMBURSABLE PURCHASES							2,100	2,095 BONUSES PAYABLE	
INTRACOMPANY	-4,948						2,100	2,100 ACCRUEI	0
ACCOUNTS PAYABLE	-135,316						2,100	2,100 PR CLEARING-BENEFITS	
BONUSES PAYABLE							2,100	2,100 PR CLEARING-LABOR	
ACCRUED PAYROLL	0						2,110	2,110 ACCRUEI	0
ACCRUED VACATION PAY	0						2,120	2,120 U.C. TAXES PAYABLE	
UC TAXES PAYABLE							2,125	2,125 FICA TAX	0
FICA TAX PAYABLE	0	0					2,130	2,130 FEDERAL W/H TAX PAYABLE	
FIT PAYABLE							2,140	2,140 STATE W/H TAX PAYABLE	
STATE W/H PAYABLE		0					2,152	2,152 WORKERS COMP ACCRUAL	
EARNED INCOME CREDIT							2,225	2,225 EMPLOYEEE INSURANCE REFUND	
UC FED CREDIT REDUCTION							2,230	2,230 PAYROLL SAVINGS	
PAYROLL SAVINGS							2,235	2,240 UNITED FUND	