

		FOR BHF USE			

LL2

Supportive Living Facility

2019

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2019)

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: 1000021

Facility Name: Asbury Court

Address: 1750 S Elmhurst Rd Des Plaines 60018

County: Cook

Telephone Number: (847) 228-1500 Fax # (847) 228-1579

Federal Employer ID Number:

Date Current Owners were Certified: 2/28/03

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

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 1/1/19 to 12/31/19 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) CFO

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

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

Name: Michael Zahtz

Telephone Number: (847) 676-1700

Email Address:

HFS 3745C (N-4-05)

IL478-2471

Report Period Beginning: 1/1/19 Ending: 12/31/19

Date of change in certified units / /

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 principal? _____
If no, explain.

1,321 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **44 (Do not include bed-hold days in Section B.)**

STATE OF ILLINOIS

Facility Name: Asbury Court

Report Period Beginning:

1/1/19

Ending:

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12/31/19

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	410,454	54,672	396,103	861,229		861,229	1
2	Housekeeping, Laundry and Maintenance	221,150	97,480	202,736	521,366		521,366	2
3	Heat and Other Utilities			241,081	241,081		241,081	3
4	Other (specify): Scavenger			14,368	14,368		14,368	4
5	TOTAL General Services	631,604	152,152	854,288	1,638,044		1,638,044	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	548,775	13,324	1,013	563,112		563,112	6
7	Activities and Social Services	86,721	14,657	3,634	105,012		105,012	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	635,496	27,981	4,647	668,124		668,124	9
	C. General Administration							
10	Administrative and Clerical	152,720	41,240	1,048,904	1,242,864	(432,734)	810,130	10
11	Marketing Materials, Promotions and Advertising	94,488	26,209	188,260	308,957		308,957	11
12	Employee Benefits and Payroll Taxes	221,096			221,096		221,096	12
13	Insurance-Property, Liability and Malpractice	202,065			202,065	147,248	349,313	13
14	Other (specify):							14
15	TOTAL General Administration	670,369	67,449	1,237,164	1,974,982	(285,486)	1,689,496	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,937,469	247,582	2,096,099	4,281,150	(285,486)	3,995,664	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			120,124	120,124	656,068	776,192	17
18	Interest			1,966	1,966	873,310	875,276	18
19	Real Estate Taxes					448,438	448,438	19
20	Rent -- Facility and Grounds			1,471,175	1,471,175	(1,471,175)		20
21	Rent -- Equipment			7,547	7,547		7,547	21
22	Other (specify):							22
23	TOTAL Ownership			1,600,812	1,600,812	506,641	2,107,453	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,937,469	247,582	3,696,911	5,881,962	221,155	6,103,117	24

Facility Name: Asbury Court

Report Period Beginning 1/1/19 Ending: 12/31/19

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	3	30.64	2
3	Certified Nurse Assistants	9	14.41	3
4	Activity Director & Assistants	3	16.49	4
5	Social Service Workers			5
6	Head Cook	1	32.96	6
7	Cook Helpers/Assistants	11	14.52	7
8	Dishwashers	1	11.43	8
9	Maintenance Workers	1	31.85	9
10	Housekeepers	5	11.88	10
11	Laundry			11
12	Managers	1	50.50	12
13	Other Administrative	2	15.06	13
14	Clerical	1	28.40	14
15	Marketing	2	31.85	15
16	Other			16
17	Total (lines 1 thru 16)	41	\$	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	North Aurora
Asbury Gardens Nursing and Rehab	North Aurora
Asbury of Kankakee Supportive Living	Kankakee
Asbury Court Nursing & Rehabilitation	Des Plaines

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		\$	1
2			2
Total		\$	3

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Des Plaines Property LLC		Property
Asbury Healthcare		Management Co.

Facility Name: Asbury Court

Report Period Beginning:

1/1/19

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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											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

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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	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	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	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.

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Facility Name: Asbury Court

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XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/19

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 152,815	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 107,263)	1,723,634		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	93,571		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	2,093		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,972,113	\$	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	4,114,564		15
16	Equipment, at Historical Cost	581,515		16
17	Accumulated Depreciation (book methods)	(2,459,584)		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)	\$ 2,236,495	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,208,608	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 250,111	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	123,187		30
31	Accrued Taxes Payable	1,975		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	See attached	412,564		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 787,837	\$	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)	\$ 787,837	\$	45
46	TOTAL EQUITY	\$ 3,420,771	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,208,608	\$	47

*(See instructions.)

Facility Name: Asbury Court

Report Period Beginning: 1/1/19

Ending:

12/31/19

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	\$ 7,056,131	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 7,056,131	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		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	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)	\$ 7,056,131	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,638,044	19
20	Health Care/ Personal Care	668,124	20
21	General Administration	1,689,496	21
	B. Capital Expense		
22	Ownership	2,107,453	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)	\$ 6,103,117	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 953,014	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 953,014	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,781,011	32
33	Private Pay - Net Inpatient Revenue	2,275,120	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 7,056,131	37

Pg8 Line 36 Other:

Accrued Vacation and Sick	32,810.00
Accrued Expenses	36,708.00
Due to Affiliates	150,595.00
Due to Asbury Healthcare	66,473.00
Management Fee	93,337.00
Due to Residents	2,669.00
Clearing Acct	(16,399.00)
Entrance Fee Payable	46,371.00
Total	<u><u>412,564.00</u></u>

Pg4 Related Party Expenses

VII. C.

Description	Amount
Property Taxes	448,438.00
Insurance	147,248.00
Depreciation	704,494.00
Interest	873,310.00
Other Fees	398.00
Amortization Expense	10,339.00
Professional Fees	8,534.00
Total Related Party Expenses	<u><u>2,192,761</u></u>

Pg3 Expenses Adjustments:

Bad Debt	(440,632.00)	pg. 3 IV. 10
State Taxes	(1,034.00)	pg. 3 IV. 10
Professional Fees	8,932.00	pg. 3 IV. 10
Depreciation adj.	(58,765.00)	pg. 3 IV. 17
Property taxes	448,438.00	pg. 3 IV. 19
Insurance	147,248.00	pg. 3 IV. 13
Interest	873,310.00	pg. 3 IV. 18
Depreciation	714,833.00	pg. 3 IV. 17
Rent	(1,471,175.00)	pg. 3 IV. 20
Total Adjustments	<u><u>221,155</u></u>	

Country	Year	Population (millions)	GDP (billions USD)	Life expectancy (years)	Urban population (%)	Healthcare expenditure (USD per capita)	Renewable energy (%)	Internet usage (%)	Gender inequality index	Human Development Index
China	2023	1412.6	17955.1	78.2	65.2	100.0	15.8	70.0	0.66	0.76
USA	2023	334.2	26854.3	78.1	82.5	100.0	12.5	85.0	0.08	0.94
India	2023	1428.6	3550.0	74.7	35.1	100.0	1.5	40.0	0.85	0.64
Germany	2023	83.2	4300.0	81.2	73.8	100.0	35.0	90.0	0.02	0.85
Japan	2023	125.8	4230.0	84.4	94.1	100.0	25.0	95.0	0.01	0.92
UK	2023	67.3	3400.0	81.1	89.2	100.0	30.0	88.0	0.01	0.84
France	2023	68.7	3000.0	82.5	81.1	100.0	28.0	85.0	0.01	0.83
Canada	2023	38.3	2000.0	82.4	81.1	100.0	15.0	80.0	0.01	0.82
Italy	2023	58.9	2000.0	83.7	71.1	100.0	20.0	80.0	0.01	0.81
Spain	2023	47.3	1600.0	83.5	65.1	100.0	18.0	75.0	0.01	0.80
South Korea	2023	51.7	1700.0	83.3	92.1	100.0	22.0	90.0	0.01	0.80
Sweden	2023	10.5	600.0	84.1	91.1	100.0	30.0	90.0	0.01	0.79
Norway	2023	5.5	550.0	83.8	91.1	100.0	35.0	90.0	0.01	0.78
Denmark	2023	5.9	500.0	83.5	91.1	100.0	30.0	90.0	0.01	0.77
Netherlands	2023	17.5	550.0	82.1	92.1	100.0	25.0	85.0	0.01	0.76
Australia	2023	25.7	1650.0	83.7	85.1	100.0	10.0	75.0	0.01	0.75
Poland	2023	38.1	400.0	78.1	78.1	100.0	10.0	60.0	0.01	0.74
Czechia	2023	10.7	300.0	78.1	78.1	100.0	10.0	60.0	0.01	0.73
Slovakia	2023	5.5	250.0	78.1	78.1	100.0	10.0	60.0	0.01	0.72
Hungary	2023	10.1	200.0	78.1	78.1	100.0	10.0	60.0	0.01	0.71
Slovenia	2023	2.1	250.0	80.1	78.1	100.0	10.0	60.0	0.01	0.70
Lithuania	2023	3.0	200.0	78.1	78.1	100.0	10.0	60.0	0.01	0.69
Latvia	2023	1.9	200.0	78.1	78.1	100.0	10.0	60.0	0.01	0.68
Estonia	2023	1.3	200.0	78.1	78.1	100.0	10.0	60.0	0.01	0.67
Belgium	2023	11.5	500.0	82.1	98.1	100.0	20.0	80.0	0.01	0.66
Austria	2023	9.0	450.0	83.1	91.1	100.0	25.0	85.0	0.01	0.65
Switzerland	2023	9.0	900.0	84.1	91.1	100.0	30.0	90.0	0.01	0.64
Finland	2023	3.5	250.0	83.1	91.1	100.0	20.0	85.0	0.01	0.63
Ireland	2023	4.7	200.0	83.1	91.1	100.0	20.0	85.0	0.01	0.62
Portugal	2023	10.1	250.0	82.1	65.1	100.0	15.0	75.0	0.01	0.61
Greece	2023	11.1	200.0	80.1	65.1	100.0	10.0	60.0	0.01	0.60
Turkey	2023	85.1	150.0	78.1	35.1	100.0	5.0	30.0	0.01	0.59
Brazil	2023	215.1	150.0	75.1	45.1	100.0	2.0	20.0	0.01	0.58
Russia	2023	146.1	150.0	75.1	75.1	100.0	10.0	60.0	0.01	0.57
South Africa	2023	60.1	350.0	65.1	65.1	100.0	5.0	30.0	0.01	0.56
Argentina	2023	45.1	400.0	75.1	35.1	100.0	2.0	20.0	0.01	0.55
Chile	2023	19.1	200.0	78.1	35.1	100.0	2.0	20.0	0.01	0.54
Colombia	2023	51.1	200.0	75.1	35.1	100.0	2.0	20.0	0.01	0.53
Venezuela	2023	28.1	200.0	75.1	35.1	100.0	2.0	20.0	0.01	0.

[illegible]