

		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: 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 1/1/19 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)
(Date)
(Type or Print Name) Michael Zahtz
(Title) Manager

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

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.

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

STATE OF ILLINOIS

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Facility Name: Asbury of Kankakee Supp Lvg

Report Period Beginning:

1/1/19

Ending:

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	94,963	6,842	147,932	249,737		249,737	1
2	Housekeeping, Laundry and Maintenance	93,219	49,724	143,017	285,960		285,960	2
3	Heat and Other Utilities			142,239	142,239		142,239	3
4	Other (specify): Scavenger			17,557	17,557		17,557	4
5	TOTAL General Services	188,182	56,566	450,745	695,493		695,493	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	303,783	6,623	8,635	319,041		319,041	6
7	Activities and Social Services		10,530	84	10,614		10,614	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	303,783	17,153	8,719	329,655		329,655	9
	C. General Administration							
10	Administrative and Clerical	140,626	14,519	519,260	674,405	(185,164)	489,241	10
11	Marketing Materials, Promotions and Advertising	42,221	20,662	86,211	149,094		149,094	11
12	Employee Benefits and Payroll Taxes	81,039			81,039		81,039	12
13	Insurance-Property, Liability and Malpractice	69,579			69,579	8,411	77,990	13
14	Other (specify):							14
15	TOTAL General Administration	333,465	35,181	605,471	974,117	(176,753)	797,364	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	825,430	108,900	1,064,935	1,999,265	(176,753)	1,822,512	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			6,898	6,898	49,853	56,751	17
18	Interest			754	754	309,043	309,797	18
19	Real Estate Taxes					80,583	80,583	19
20	Rent -- Facility and Grounds			505,500	505,500	(505,500)		20
21	Rent -- Equipment			4,325	4,325		4,325	21
22	Other (specify):							22
23	TOTAL Ownership			517,477	517,477	(66,021)	451,456	23
24	GRAND TOTAL (Sum of lines 16 and 23)	825,430	108,900	1,582,412	2,516,742	(242,774)	2,273,968	24

Facility Name: Asbury of Kankakee Supp Lvg

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	2	27.87	2
3	Certified Nurse Assistants	7	10.83	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1	16.81	6
7	Cook Helpers/Assistants	2	10.86	7
8	Dishwashers	0	11.08	8
9	Maintenance Workers	1	26.84	9
10	Housekeepers	3	10.19	10
11	Laundry			11
12	Managers	1	36.33	12
13	Other Administrative	1	21.60	13
14	Clerical	1	25.23	14
15	Marketing	1	24.70	15
16	Other			16
17	Total (lines 1 thru 16)	19	\$	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
See attached	

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Asbury Healthcare	Lincolnwood	Management
Asbury of Kankakee Realty	Kankakee	Property

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

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

Facility Name: Asbury of Kankakee Supp Lvg Report Period Beginning: 1/1/19 Ending: 12/31/19

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.

Facility Name: Asbury of Kankakee Supp Lvg

Report Period Beginning: 1/1/19

Ending:

12/31/19

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	\$ 310,900	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	539,791		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	27,205		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):	1,958		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 879,854	\$	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	86,724		16
17	Accumulated Depreciation (book methods)	(7,993)		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)	\$ 78,731	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 958,585	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 66,013	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,605		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	See Attachment 2	225,307		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 324,925	\$	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)	\$ 324,925	\$	45
46	TOTAL EQUITY	\$ 633,660	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 958,585	\$	47

*(See instructions.)

Facility Name: Asbury of Kankakee Supp Lvg

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	\$ 2,926,146	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,926,146	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	437	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 437	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	424	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 424	14
	D. Other Revenue (specify):		
15	Misc Income	1,306	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,306	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,928,313	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	695,493	19
20	Health Care/ Personal Care	329,655	20
21	General Administration	797,364	21
	B. Capital Expense		
22	Ownership	451,456	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)	\$ 2,273,968	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 654,345	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 654,345	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,777,138	32
33	Private Pay - Net Inpatient Revenue	1,149,008	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,926,146	37

VII. Related Organizations
A. Related SLF's & Health Care Businesses

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

Pg7 Line 36 Other

Payroll Liabilities	(12.00)
Due to Affiliates	184,769.00
Clearing Acct	343.00
Due to Platinum	12,985.00
Management Fee Payable	27,222.00
Total	<u><u>225,307.00</u></u>

Pg4 Related Party Expenses

VII. C.

Description	Amount
Other Fees	75.00
Closing Costs	44,756.00
Property Taxes	80,583.00
Insurance	8,411.00
Depreciation	56,751.00
Interest	309,043.00
Bank Fees	611.91
Professional Fees	4,950.00
Total Related Party Expenses	<u><u>505,180.91</u></u>

Pg3 Expense Adjustments

Other Fees	75.00
Bad Debt	#####
Reconciliation Adj	(458.00)
Property Taxes	80,583.00
Insurance	8,411.00
Depreciation	49,853.00
Interest	309,043.00
Bank Fees	612.00
Professional Fees	4,950.00
Closing Costs	44,756.00
Rent	#####
Total Adjustments	<u><u>#####</u></u>

Fixed Assets Schedule

	Description	Years	Cost	Accumulated Depreciation	Depreciation	Accumulated Depreciation
	scrubber	5	2,860.00	572.00	572.00	1,144.00
	ice cuber	5	2,614.38	522.88	522.88	1,045.75
	Chairs	7	4,211.45		300.82	300.82
	PTACs	7	17,573.64		1,255.26	1,255.26
	Generator	7	59,464.42		4,247.46	4,247.46
Total			86,723.89	1,094.88	6,898.41	7,993.29