

		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: 1000150

Facility Name: LACEY CREEK

Address: 4800 LACEY ROAD DOWNERS GROVE 60515

County: DUPAGE

Telephone Number: (630) 964-7720 Fax # 630 964-4229

Federal Employer ID Number:

Date Current Owners were Certified: 8/23/2017

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: Danel Erickson 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 01/01/2019 to 12/31/2019 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) Greg Echols

(Title) CFO, Gardant Management Solutions

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

HFS 3745C (N-4-05)

IL478-2471

Facility Name LACEY CREEK

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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	120	Single Unit Apartment	120	43,800	1
2	0	Double Unit Apartment	0	0	2
3		Other			3
4	120	TOTALS	120	43,800	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	37,738	4,680		42,418	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	37,738	4,680	0	42,418	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 96.84%

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

757 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 48 (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

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 2019 Fiscal Year: 2019

* 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? N/A
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. _____

STATE OF ILLINOIS

Page 3

Facility Name: LACEY CREEK

Report Period Beginning:

01/01/2019

Ending:

12/31/2019

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	304,549	237,706	2,835	545,090	0	545,090	1
2	Housekeeping, Laundry and Maintenance	128,523	34,677	77,880	241,080	0	241,080	2
3	Heat and Other Utilities			167,947	167,947	(24,574)	143,373	3
4	Other (specify):	0	0	28,281	28,281	0	28,281	4
5	TOTAL General Services	433,072	272,383	276,943	982,398	(24,574)	957,823	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	610,212	15,973	0	626,185	0	626,185	6
7	Activities and Social Services	44,423	6,862	0	51,285	0	51,285	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	654,635	22,835	0	677,470	0	677,470	9
	C. General Administration							
10	Administrative and Clerical	208,617	47,891	305,616	562,124	(14,495)	547,629	10
11	Marketing Materials, Promotions and Advertising	53,814	10,838	22,409	87,061	0	87,061	11
12	Employee Benefits and Payroll Taxes	0	0	326,186	326,186	0	326,186	12
13	Insurance-Property, Liability and Malpractice	0	0	81,897	81,897	0	81,897	13
14	Other (specify):	0	0	280,978	280,978	(168,535)	112,443	14
15	TOTAL General Administration	262,431	58,729	1,017,086	1,338,246	(183,031)	1,155,216	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,350,138	353,947	1,294,029	2,998,114	(207,605)	2,790,509	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			716,121	716,121	0	716,121	17
18	Interest			1,172,835	1,172,835	(16,598)	1,156,237	18
19	Real Estate Taxes			8,691	8,691	0	8,691	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			15,531	15,531	0	15,531	21
22	Other (specify):	0	0	1,875,654	1,875,654	(3,000)	1,872,654	22
23	TOTAL Ownership	0	0	3,788,832	3,788,832	(19,598)	3,769,234	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,350,138	353,947	5,082,861	6,786,946	(227,203)	6,559,743	24

Facility Name: LACEY CREEK

Report Period Beginning 01/01/2019 Ending: 12/31/2019

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	26.16	2
3	Certified Nurse Assistants	17	12.72	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	10	12.82	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	10.21	10
11	Laundry	0	0.00	11
12	Managers	6	24.67	12
13	Other Administrative	5	21.06	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	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

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				\$ 0	6

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

1	Gardant Management Solutions	\$ 243,811	1
2			2
Total		\$ 243,811	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: LACEY CREEK Report Period Beginning: 01/01/2019 Ending: 12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 2,117,546 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	120			2016	\$ 20,063,798	\$ 501,595	40	\$ 501,595	\$ (0)	\$ 1,587,170	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,764,309	88,215	20	88,215	0	278,369	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 21,828,106	\$ 589,810		\$ 589,810	\$ 0	\$ 1,865,539	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	\$ 1,203,105	\$ 120,311	\$ 120,310	(0)	10	\$ 361,627	18
19	Vehicles	59,990	6,000	5,999	(1)	10	19,000	19
20	TOTAL (lines 18 and 19)	\$ 1,263,095	\$ 126,311	\$ 126,309	(1)		\$ 380,627	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: LACEY CREEK

Report Period Beginning: 01/01/2019 Ending: 12/31/2019

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		0		\$ 0			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	HEARTLAND BANK and TR			FIRST MORTGAGE	12/1/17	\$ 20,114,920	\$ 19,673,440	12/1/32	0.0562	\$ 1,172,640	1
2	HEARTLAND BANK and TR			Second Mortgage	12/1/17	835,080	816,600	12/1/32	0.0562		2
3	0			0	1/0/00	0	0	1/0/00	0.0000		3
	Working Capital										
4					/ /		0	/ /		194	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 20,950,000	\$ 20,490,040			\$ 1,172,835	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 20,950,000	\$ 20,490,040			\$ 1,172,835	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: LACEY CREEK

Report Period Beginning: 01/01/2019

Ending: 12/31/2019

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2019

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 212,486	\$	1
2	Cash-Patient Deposits	500		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (277,278))	729,100		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	42,026		6
7	Other Prepaid Expenses	14,481		7
8	Accounts Receivable (owners or related parties)	3,742		8
9	Other(specify): See Page 7 Attachment	1,580		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,003,915	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	2,117,546		13
14	Buildings, at Historical Cost	20,063,798		14
15	Leasehold Improvements, at Historical Cost	1,764,309		15
16	Equipment, at Historical Cost	1,263,095		16
17	Accumulated Depreciation (book methods)	(2,246,166)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	813,913		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(22,173)		20
21	Restricted Funds	1,978,850		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 25,733,206	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 26,737,120	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 57,285	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	0		30
31	Accrued Taxes Payable	96,286		31
32	Accrued Interest Payable	99,072		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	4,063,996		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 4,316,640	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	242,852		38
39	Mortgage Payable	20,192,070		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 20,434,922	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 24,751,562	\$ 0	45
46	TOTAL EQUITY	\$ 1,985,558	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 26,737,120	\$ 0	47

*(See instructions.)

Facility Name: LACEY CREEK

Report Period Beginning: 01/01/2019

Ending:

12/31/2019

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	\$ 4,936,080	1
2	Discounts and Allowances	(1,822)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,934,258	3
	B. Other Operating Revenue		
4	Special Services	105,672	4
5	Other Health Care Services	0	5
6	Special Grants	0	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	5,951	8
9	Non-Resident Meals	912	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 112,535	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	16,598	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 16,598	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	10,497	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 10,497	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 5,073,888	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	982,398	19
20	Health Care/ Personal Care	677,470	20
21	General Administration	1,338,246	21
	B. Capital Expense		
22	Ownership	3,788,832	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)	\$ 6,786,946	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (1,713,058)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (1,713,058)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,574,779	32
33	Private Pay - Net Inpatient Revenue	2,359,479	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,934,258	37

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	1,580
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		1,580

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	-
PG7-23.1		-

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	-
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	35,471
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	1,100,910
2112-0130-0-0	Accrued MIP	-
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	728
2112-0155-0-0	Reservation Deposit	-
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	32,428
2112-0159-1-0	Medicaid Prepayments	-
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
2112-0167-0-0	FMV of Derivative	2,894,460
		4063996.18
PG7-35.1		4,063,996

Income Statement PG 8 Other

Income Statement		
	Other Revenue	Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other (Late fees, call pendants, NSF fees)	1,497
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	9,000
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
3300-3202-0-0	Food & Meal Prep	-
PG8-15.1		10,497