

		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: 1000086

Facility Name: ROYAL ESTATES ASSISTED LVG

Address: 1515 EAST 154TH ST DOLTON 60419

County: COOK

Telephone Number: (708) 841-5560 Fax # (708) 849-4676

Federal Employer ID Number:

Date Current Owners were Certified: 9/28/2007

Type of Ownership:

VOLUNTARY, NON-PROFIT Charitable Corp. Trust

X PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X Limited Liability Co. Trust Other

GOVERNMENTAL State County Other

IRS Exemption Code

In the event there are further questions about this report, please contact:
Name: KATHLEEN MCNAMARA Telephone Number: (847) 675-3585
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 1/1/2019 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) (Date)
(Type or Print Name) MARC SIEBZENER
(Title) MANAGER

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT) (Date)
(Print Name and Title) KATHLEEN MCNAMARA VICE-PRESIDENT
(Firm Name & Address) KBKB, LTD. 8410 RIVER DR., MORTON GROVE, IL 60053
(Telephone) (847) 675-3585 Fax (847) 675-5777

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 **ROYAL ESTATES ASSISTED LVG**

Report Period Beginning: 1/1/2019 Ending: 12/31/2019

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units

1 / 1

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	126	Single Unit Apartment	126	45,990	1		
2		Double Unit Apartment			2		
3		Other			3		
4	126	TOTALS	126	45,990	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	6,692	1,101		7,793	5
6	Double Unit					6
7	Other					7
8	TOTALS	6,692	1,101		7,793	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 16.94%

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? NO If yes, did the facility make all of the required payments of interest and principal? _____
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 principal? _____
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 principal? _____
If no, explain.

STATE OF ILLINOIS

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Facility Name: ROYAL ESTATES ASSISTED LVG

Report Period Beginning:

1/1/2019

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	93,658	89,779		183,437		183,437	1
2	Housekeeping, Laundry and Maintenance	50,567	71,036	4,954	126,557		126,557	2
3	Heat and Other Utilities			93,966	93,966		93,966	3
4	Other (specify): Scavenger & Exterminating Services			11,029	11,029		11,029	4
5	TOTAL General Services	144,225	160,815	109,949	414,989		414,989	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	349,086	2,734		351,819		351,819	6
7	Activities and Social Services	18,935	755		19,690		19,690	7
8	Other (specify): DRIVERS	17,554			17,554		17,554	8
9	TOTAL Health Care and Programs	385,575	3,488		389,063		389,063	9
	C. General Administration							
10	Administrative and Clerical	109,235	13,195	101,033	223,463	8,855	232,318	10
11	Marketing Materials, Promotions and Advertising			4,924	4,924		4,924	11
12	Employee Benefits and Payroll Taxes			69,923	69,923		69,923	12
13	Insurance-Property, Liability and Malpractice			25,927	25,927		25,927	13
14	Other (specify):							14
15	TOTAL General Administration	109,235	13,195	201,807	324,237	8,855	333,092	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	639,035	177,498	311,756	1,128,289	8,855	1,137,144	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					75,927	75,927	17
18	Interest			777	777	29,328	30,105	18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			32,053	32,053	(32,053)		20
21	Rent -- Equipment			1,366	1,366		1,366	21
22	Other (specify):							22
23	TOTAL Ownership			34,196	34,196	73,202	107,398	23
24	GRAND TOTAL (Sum of lines 16 and 23)	639,035	177,498	345,952	1,162,485	82,057	1,244,542	24

Facility Name: ROYAL ESTATES ASSISTED LVG

Report Period Beginning 1/1/2019 Ending: 12/31/2019

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.50	\$ 36.00	1
2	Licensed Practical Nurses	2.00	27.56	2
3	Certified Nurse Assistants	9.50	11.82	3
4	Activity Director & Assistants	1.00	12.59	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	3.50	13.18	7
8	Dishwashers			8
9	Maintenance Workers	2.00	19.19	9
10	Housekeepers	1.00	13.51	10
11	Laundry			11
12	Managers	1.00	26.45	12
13	Other Administrative			13
14	Clerical	3.50	12.39	14
15	Marketing			15
16	Other DRIVER	1.00	15.01	16
17	Total (lines 1 thru 16)	25.00	\$ 15.41	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

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				\$	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

Facility Name: ROYAL ESTATES ASSISTED LVG

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTS

A. Purchase price of land 260,000 Year land was acquired 2018

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					\$ 2,088,000	\$ 75,927	28	\$ 75,927	\$	\$ 75,927	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	VARIOUS		1988		669,396		20			669,396	6
7	VARIOUS		1994		204,953		20			204,953	7
8	VARIOUS		1995		36,576		20			36,576	8
9	VARIOUS		1996		54,697		20			54,697	9
10	VARIOUS		1997		7,186		20			7,186	10
11	VARIOUS		1998		95,840		20			95,840	11
12	VARIOUS		1999		161,107		20	4,699	4,699	163,791	12
13	VARIOUS		2000		77,566		20	2,262	2,262	74,978	13
14	VARIOUS		2001		50,554		20	1,475	1,475	46,345	14
15			2002		2,964		20	86	86	2,566	15
16											16
17	TOTAL (lines 1 thru 16)				\$ 3,448,839	\$ 75,927		\$ 84,449	\$ 8,522	\$ 1,432,255	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	\$ 252,000	\$	\$ 25,200	25,200	10 yrs	\$ 25,200	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 252,000	\$ 25,200	25,200		\$ 25,200	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 & ID Number **ROYAL ESTATES ASSISTED LVG**

#

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

XI. OWNERSHIP COSTS (continued)**B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.**

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 3,448,839	\$ 75,927		\$ 84,449	\$ 8,522	\$ 1,432,255	1
2									2
3	VARIOUS	2004	8,320		20	243	243	6,385	3
4	CARPET INSTALLATION	2005	910		20	27	27	657	4
5	CARPET INSTALLATION	2005	455		20	13	13	326	5
6	ROOFING	2006	94,405		20	2,753	2,753	62,934	6
7	DVR/ CAMERAS	2008	8,400		20	245	245	4,760	7
8	SURVEILLANCE	2009	8,800		20	257	257	4,548	8
9	BUILDING RENOVATION	2009	9,967,885		20	290,730	290,730	5,150,073	9
10	DORCHESTER ROOF REPAIR	2011	91,100		20	2,657	2,657	33,403	10
11	DORCHESTER DECK	2011	10,000		20	292	292	3,668	11
12	PARKING LOT	2011	8,900		20	260	260	3,265	12
13	DORCHESTER AVE PAVE	2011	196,558		20	5,742	5,742	72,183	13
14	FIRE HYDRANTPROJECT	2011	1,824		20	53	53	667	14
15	DORCHESTER PARKING LOT	2011	4,000		20	117	117	1,468	15
16	FIRE HYDRANTPROJECT	2011	33,209		20	968	968	12,173	16
17	DORCHESTER PARKING LOT	2011	6,000		20	175	175	2,200	17
18	A/C INSTALL	2011	6,090		20	178	178	2,236	18
19	VIL HALL ROOF REPAIR	2011	36,266		20	1,058	1,058	13,298	19
20	DORCHESTER PARKING LOT	2012	5,000		20	146	146	1,834	20
21	DORCHESTER DECK	2012	57,000		20	1,663	1,663	20,902	21
22	A/C INSTALL	2012	5,380		20	157	157	1,973	22
23	A/C INSTALL	2012	6,310		20	316	316	2,711	23
24	LAMPS/ FIXTURES	2012	21,073		20	1,054	1,054	9,046	24
25	LAMPS/ FIXTURES	2012	7,578		20	379	379	3,253	25
26	FIRE HYDRANT PROJECT	2012	2,429		20	121	121	1,040	26
27	LUBE - KIT SYSTEM (COMPRESSOR)	2014	8,900		20	445	445	2,485	27
28	DORCHESTER PARKING LOT	2014	7,000		20	350	350	1,954	28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 14,052,631	\$ 75,927		\$ 394,848	\$ 318,921	\$ 6,851,697	34

**Improvement type must be detailed in order for the cost report to be considered complete.

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: NA

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	PROVIDENCE BANK		X			\$	\$	/ /25		\$ 29,328	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4	CHASE CREDIT CARD		X		/ /			/ /		777	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$ 30,105	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$ 30,105	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.

STATE OF ILLINOIS

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Facility Name: ROYAL ESTATES ASSISTED LVG

Report Period Beginning: 1/1/2019

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	\$ 12,611	\$ 18,296	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	306,567	306,567	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 319,178	\$ 324,863	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		260,000	13
14	Buildings, at Historical Cost		2,088,000	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost		252,000	16
17	Accumulated Depreciation (book methods)		(331,091)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs		76,679	19
20	Accumulated Amortization - Organization & Pre-Operating Costs		(8,831)	20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): CONSTRUCTION IN PROGRESS	322,485	497,485	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 322,485	\$ 2,834,242	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 641,663	\$ 3,159,105	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 251,585	\$ 374,213	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		250,100	29
30	Accrued Salaries Payable			30
31	Accrued Taxes Payable		2,465	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	BCBS ADVANCE	61,400	61,400	35
36	DUE TO REALTY	213,120	(100)	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 526,105	\$ 688,078	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable		2,775,000	38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	MEMBERS' LOAN	396,404	396,404	42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 396,404	\$ 3,171,404	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 922,509	\$ 3,859,482	45
46	TOTAL EQUITY	\$ (280,846)	\$ (700,377)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 641,663	\$ 3,159,105	47

*(See instructions.)

Facility Name: ROYAL ESTATES ASSISTED LVG

Report Period Beginning: 1/1/2019

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	\$ 927,253	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 927,253	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	RENTAL INCOME	156,870	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 156,870	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,084,123	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	414,989	19
20	Health Care/ Personal Care	389,063	20
21	General Administration	324,237	21
	B. Capital Expense		
22	Ownership	34,196	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)	\$ 1,162,485	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (78,362)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (78,362)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 927,253	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)	\$ 927,253	37

ROYAL ESTATES ASSISTED LIVING LLC
RELATED PARTY
12/31/2019

RENT	(32,053)
DEPRECIATION	75,927
INTEREST	29,328
REAL ESTATE TAX	
PROFESSIONAL FEES	8,855
NET ADJUSTMENT	<u>82,057</u>