

		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: 1000012

Facility Name: Saint Clare's Villa

Address: 915 East 5th StreetAlton62002

County: Madison

Telephone Number: (618) 463-9000 Fax # (618) 463-0995

Federal Employer ID Number:

Date Current Owners were Certified: 4/08/02 - 33 units 3/24/02 - 31 units

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

X Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

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

Name: Holly Steider Telephone Number: (309) 308-6336

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)

(Type or Print Name) Lori Vadnal

(Title) Director of Finance

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 Saint Clare's Villa

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	2	3	4	
	Units at Beginning of Report Period	Type of Apartment	Units at End of Report Period	Unit Days During Report Period	
1	38	Single Unit Apartment	38	13,870	1
2	26	Double Unit Apartment	26	9,490	2
3		Other			3
4	64	TOTALS	64	23,360	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	5,997			5,997	5
6	Double Unit	6,654	730		7,384	6
7	Other					7
8	TOTALS	12,651	730		13,381	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 57.28%

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

279 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 X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO X

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

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

Tax Year: 9/30 Fiscal Year: 12/31

* 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? No If yes, did the facility make all of the required payments of interest and principal? N/A 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? N/A If no, explain.

STATE OF ILLINOIS

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Facility Name: Saint Clare's Villa

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	98,771	144,584		243,355		243,355	1
2	Housekeeping, Laundry and Maintenance	143,108	13,199	41,934	198,241		198,241	2
3	Heat and Other Utilities			163,148	163,148		163,148	3
4	Other (specify):	50,447	316	739	51,502		51,502	4
5	TOTAL General Services	292,325	158,099	205,821	656,246		656,246	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	301,981	2,466		304,447		304,447	6
7	Activities and Social Services	31,590	2,435		34,025		34,025	7
8	Other (specify):						\$ -	8
9	TOTAL Health Care and Programs	333,571	4,901		338,472		338,472	9
	C. General Administration							
10	Administrative and Clerical	148,169	175	126,583	274,927		274,927	10
11	Marketing Materials, Promotions and Advertising							11
12	Employee Benefits and Payroll Taxes			189,375	189,375		189,375	12
13	Insurance-Property, Liability and Malpractice			65,544	65,544		65,544	13
14	Other (specify):							14
15	TOTAL General Administration	148,169	175	381,502	529,846		529,846	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	774,065	163,175	587,323	1,524,563		1,524,563	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			349,127	349,127		349,127	17
18	Interest			5,969	5,969		5,969	18
19	Real Estate Taxes			28,652	28,652		28,652	19
20	Rent -- Facility and Grounds						-	20
21	Rent -- Equipment			151	151		151	21
22	Other (specify):			120	120		120	22
23	TOTAL Ownership			384,019	384,019		384,019	23
24	GRAND TOTAL (Sum of lines 16 and 23)	774,065	163,175	971,342	1,908,582		1,908,582	24

Facility Name: Saint Clare's Villa

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	0.97	\$ 34.40	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	6.76	16.02	3
4	Activity Director & Assistants	0.96	15.40	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2.13	16.84	7
8	Dishwashers			8
9	Maintenance Workers	1.25	24.13	9
10	Housekeepers	2.92	12.90	10
11	Laundry			11
12	Managers	1.00	38.98	12
13	Other Administrative			13
14	Clerical	1.23	25.26	14
15	Marketing			15
16	Other	2.07	16.91	16
17	Total (lines 1 thru 16)	19.29	\$	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
OSF Health Care Saint Anthony's	Alton, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
St. Anthony's LLC	Alton, IL	General Partner

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				2002	\$ 9,566,565	\$ 344,228	27.5	\$ 344,228	\$	\$ 6,169,383	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Beauty Shop			2003	3,685	134	27.5	134		2,316	6
7	Vinyl Flooring			2006	3,910	142	27.5	142		1,854	7
8	Nurse Call System			2014	64,274	3,728	5.0	3,728		64,274	8
9	Masonry Fitup to Outside Wall			2018	24,600	895	27.5	895		1,044	9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 9,663,034	\$ 349,127		\$ 349,127	\$	\$ 6,238,871	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	\$ 196,034	\$	\$	\$		\$ 196,034	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 196,034	\$	\$	\$		\$ 196,034	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: Saint Clare's Villa

Report Period Beginning: 1/1/2019

Ending: 2/31/2019

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

☐ YES

☐ NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 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 Name of Lender	2 Related**		3 Purpose of Loan	4 Date of Note	6 Amount of Note		7 Maturity Date	8 Interest Rate (4 Digits)	9 Reporting Period Int. Expense	
		YES	NO			Original	Balance				
	A. Directly Facility Related										
	Long-Term										
1	IDHA			Building & improvements	7/19/01	\$ 750,000	\$ 464,393	/ /	0.0100	\$ 4,727	1
2	Madison County			Building & Improvements	/ /	300,000	18,355	/ /	0.0582	1,242	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 1,050,000	\$ 482,748			\$ 5,969	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 1,050,000	\$ 482,748			\$ 5,969	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: Saint Clare's Villa

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	\$ 166,638	\$	1
2	Cash-Patient Deposits	2		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 43,198)	484,819		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)	\$ 651,459	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	9,498,467		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	360,600		16
17	Accumulated Depreciation (book methods)	(6,434,905)		17
18	Deferred Charges	2,680		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): <u>Oper & Repl Resrves</u>	331,317		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 3,758,159	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 4,409,618	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 1,253	\$	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	29,542		31
32	Accrued Interest Payable	1,098		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>DUE TO AFFILIATES</u>	1,463,790		35
36	<u>PREPAID RENT FROM TENANTS</u>	681		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,496,364	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	482,748		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)	\$ 482,748	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,979,112	\$	45
46	TOTAL EQUITY	\$ 2,430,506	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 4,409,618	\$	47

*(See instructions.)

Facility Name: Saint Clare's Villa

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	\$ 1,238,087	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,238,087	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	366	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 366	11
	C. Non-Operating Revenue		
12	Contributions	100	12
13	Interest and Other Investment Income	5,942	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 6,042	14
	D. Other Revenue (specify):		
15	Application Fee	200	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 200	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,244,695	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	656,246	19
20	Health Care/ Personal Care	338,472	20
21	General Administration	529,846	21
	B. Capital Expense		
22	Ownership	384,019	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)	\$ 1,908,583	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (663,888)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (663,888)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,112,071	32
33	Private Pay - Net Inpatient Revenue	72,568	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>SNAP</u>	53,448	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,238,087	37

Villa - Direct Cost Transfer no markup

Salaries/Wages	568,466
Supplies	3,179
Other	2,116

Food Service Cost - Rate is \$17.40 per resident Day (includes 3 meals plus snacks)
\$1.64 of the daily rate is included below in benefits

Salaries/Wages	74,632
Supplies	144,584

Engineering, Security, Utilities, Building Communications and Housekeeping
(all allocation are based on building square footage)

Salaries/Wages	130,967
Supplies	10,733
Other	40,207
Utilities	163,148
Insurance	17,235

Benefits- Allocated based on a % of Salary cost

Benefits	188,466
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Total Cost of service provided	
by OSF Saint Anthony's	
Health Center	<u>\$ 1,343,735</u>