

		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: 1000006

Facility Name: St Francis Woods

Address: 3507 North MolleckPeoria61604

County: Peoria

Telephone Number: (309) 688-0093 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 2004

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

X Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

Officer or Administrator of Provider

(Signed)

(Type or Print Name)

(Title)

(Signed) SEE ACCOUNTANT'S COMPILATION REPORT

(Date)

Paid Preparer

(Print Name and Title)

(Firm Name & Address)

(Telephone)

SEE ACCOUNTANT'S COMPILATION REPORT

SEE ACCOUNTANT'S COMPILATION REPORT

Larry Templin

Partner

Templin Healthcare Accounting Services, LLP

P.O. Box 9, Dunlap, IL 61525

(630) 361-2868

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: Larry Templin

Telephone Number: (630) 361-2868

Email Address:

HFS 3745C (N-4-05)

IL478-2471

III. STATISTICAL DATA

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

Date of change in certified units N/A

	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	92	Single Unit Apartment	92	33,580	1
2		Double Unit Apartment			2
3		Other			3
4	92	TOTALS	92	33,580	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	26,601	4,269		30,870	5
6	Double Unit					6
7	Other					7
8	TOTALS	26,601	4,269		30,870	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.93%

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

122 Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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)

None

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/2019 Fiscal Year: 12/31/19

* 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? N/A
If no, explain. N/A

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. N/A

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. N/A

STATE OF ILLINOIS

Facility Name: St Francis Woods

Report Period Beginning:

1/1/19

Ending:

Page 3

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	149,642	180,181	14,348	344,171	(1,599)	342,572	1
2	Housekeeping, Laundry and Maintenance	119,520	33,904	88,046	241,470		241,470	2
3	Heat and Other Utilities			136,656	136,656	404	137,060	3
4	Other (specify): Trash Expense			8,199	8,199		8,199	4
5	TOTAL General Services	269,162	214,085	247,249	730,496	(1,195)	729,301	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	574,382	8,056	188	582,626		582,626	6
7	Activities and Social Services	24,415		12,249	36,664		36,664	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	598,797	8,056	12,437	619,290		619,290	9
	C. General Administration							
10	Administrative and Clerical	232,658	7,563	264,639	504,860	(176,360)	328,500	10
11	Marketing Materials, Promotions and Advertising	36,047		40,332	76,379		76,379	11
12	Employee Benefits and Payroll Taxes			197,176	197,176		197,176	12
13	Insurance-Property, Liability and Malpractice			38,620	38,620		38,620	13
14	Other (specify):							14
15	TOTAL General Administration	268,705	7,563	540,767	817,035	(176,360)	640,675	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,136,664	229,704	800,453	2,166,821	(177,555)	1,989,266	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			92,700	92,700	98,342	191,042	17
18	Interest			236,549	236,549	136,829	373,378	18
19	Real Estate Taxes			110,254	110,254		110,254	19
20	Rent -- Facility and Grounds			265,828	265,828	(265,828)		20
21	Rent -- Equipment			1,358	1,358		1,358	21
22	Other (specify): Amortization/MIP Insurance			12,545	12,545	39,151	51,696	22
23	TOTAL Ownership			719,234	719,234	8,494	727,728	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,136,664	229,704	1,519,687	2,886,055	(169,061)	2,716,994	24

Facility Name: St Francis Woods

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	5.00	\$ 25.60	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	12.00	12.29	3
4	Activity Director & Assistants	1.00	12.92	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6.00	11.58	7
8	Dishwashers			8
9	Maintenance Workers	2.00	15.47	9
10	Housekeepers	2.00	12.71	10
11	Laundry			11
12	Managers	1.00	33.32	12
13	Other Administrative	1.00	28.85	13
14	Clerical	2.50	20.31	14
15	Marketing	1.00	18.33	15
16	Other			16
17	Total (lines 1 thru 16)	34	\$	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
Forest Ridge Senior Living, LLC	Woodland Park, Colorado

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
St. Francis Woods Management LLC	Peoria, IL	Management Co
Midstates Senior Living LLC	Woodland Park, CO	Management Co
Forest Ridge Property LLC	Woodland Park, CO	Lessor
RCS St Francis Woods Property LLC	Peoria, IL	Lessor

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: St Francis Woods Management LLC If yes, what is the value of those services? \$ Undetermined

(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	Robert Schleicher	100%	20	\$ 60,003	1
2					2
3					3
4					4
5					5
Total				\$ 60003	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	None	\$	1
2			2
Total		\$	3

VIII. OWNERSHIP COSTS

A. Purchase price of land 760,000 Year land was acquired 2003

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	68		2003	1979	\$ 2,827,265	\$	28	\$ 100,973	\$ 100,973	\$ 1,565,082	1
2	24		2005	2005	1,300,000		28	46,428	46,428	626,778	2
3											3
4											4
5											5
	Improvement Type										
6	Dining Room Chairs			2009	10,454		7			10,454	6
7	ADA Restrooms			2010	16,320		7			16,320	7
8	Emergency Call System			2011	42,500		7			42,500	8
9	Sprinkler System			2011	200,000		7			200,000	9
10	HVAC			2013	10,108		7	1,444	1,444	9,386	10
11	Hot Water Heater			2013	9,887		7	1,412	1,412	9,178	11
12	New Flooring Common Area			2014	10,300		7	1,471	1,471	8,090	12
13	Nurses Station			2014	8,380		7	1,197	1,197	4,837	13
14	HVAC			2015	13,640		7	1,949	1,949	6,820	14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 4,448,854	\$		\$ 154,874	\$ 154,874	\$ 2,499,445	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	\$ 128,137	\$	\$ 18,305	18,305	7	\$ 66,439	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 128,137	\$	\$ 18,305	18,305		\$ 66,439	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	N/A	\$	\$	\$	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$	\$	\$	24

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		\$ 4,448,854	\$		\$ 154,874	\$ 154,874	\$ 2,499,445	1
2	Carpet	2016	97,037		20	4,852	4,852	16,982	2
3	Painting Interior and Exterior	2016	54,887		20	2,744	2,744	9,604	3
4	Parking Lot	2016	5,400		20	270	270	945	4
5	Security System	2016	5,924		20	296	296	1,036	5
6	Kitchen/Hall Remodel	2016	19,658		20	983	983	3,440	6
7	Carpeting Throughout Facility	2017	34,702		20	1,735	1,735	5,205	7
8	Electrical-Kitchen/Hallways	2017	18,815		20	941	941	2,823	8
9	Landscaping	2017	15,326		20	766	766	2,298	9
10	Hot Water Heater	2017	10,636		20	532	532	1,596	10
11	PTAC Units	2017	3,191		20	160	160	480	11
12	Kitchen Plumbing/Coffee Bar	2017	9,520		20	476	476	1,428	12
13	Carpeting	2018	15,971		20	799	799	1,198	13
14	Water Heater	2018	11,912		20	596	596	894	14
15	Nurse Call System	2018	54,250		20	2,713	2,713	4,069	15
16									16
17									17
18									18
19									19
20	Financial Statement Basis Depreciation			92,700			(92,700)		20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,806,083	\$ 92,700		\$ 172,737	\$ 80,037	\$ 2,551,443	34

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

Facility Name: St Francis Woods

Report Period Beginning: 1/1/19

Ending: 12/31/19

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	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	Land Lease			/ /				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	Central Bank Illinois		X	Mortgage	8/7/18	\$ 7,726,620	\$	1/19/21	0.0600	\$ 231,033	1
2	PGIM		X	Mortgage	7/19/19	8,103,600		8/1/54	0.0375	137,299	2
3	Capital Partners Group		X	Capital Lease	1/30/18	54,250		1/30/21	0.0845	2,747	3
	Working Capital										
4	Central Bank Illinois		X	Line of Credit	1/25/16	500,000		1/20/19	Prime + .5%	2,769	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 16,384,470	\$ 8,085,641			\$ 373,848	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /		Offset Interest Inc	/ /		(470)	9
10	TOTALS (lines 7, 8 and 9)					\$ 16,384,470	\$ 8,085,641			\$ 373,378	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: St Francis Woods

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	\$ (5,153)	\$ 16,070	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 45,000)	326,185	326,185	3
4	Supply Inventory (priced Cost)	15,000	15,000	4
5	Short-Term Investments			5
6	Prepaid Insurance	2,478	56,092	6
7	Other Prepaid Expenses	14,990	14,990	7
8	Accounts Receivable (owners or related parties)	145,227	10,591	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 498,727	\$ 438,928	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		760,000	13
14	Buildings, at Historical Cost		4,127,265	14
15	Leasehold Improvements, at Historical Cost		678,818	15
16	Equipment, at Historical Cost		128,137	16
17	Accumulated Depreciation (book methods)		(2,617,882)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		220,740	21
22	Other Long-Term Assets (specify):			22
23	Other(specify): Deposit/Loan Fees, Net	2,211	197,686	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 2,211	\$ 3,494,764	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 500,938	\$ 3,933,692	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 94,163	\$ 94,163	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	19,625	19,625	29
30	Accrued Salaries Payable	29,375	29,375	30
31	Accrued Taxes Payable	116,000	116,000	31
32	Accrued Interest Payable		25,206	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Expenses	106,120	13,534	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 365,283	\$ 297,903	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		8,066,016	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)	\$	\$ 8,066,016	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 365,283	\$ 8,363,919	45
46	TOTAL EQUITY	\$ 135,655	\$ (4,430,227)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 500,938	\$ 3,933,692	47

*(See instructions.)

Facility Name: St Francis Woods

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	\$ 3,235,888	1
2	Discounts and Allowances	(7,006)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,228,882	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	965	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 965	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	450	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 450	14
	D. Other Revenue (specify):		
15	See Attached Schedule I	607	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 607	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,230,904	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	730,496	19
20	Health Care/ Personal Care	619,290	20
21	General Administration	817,035	21
	B. Capital Expense		
22	Ownership	719,234	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)	\$ 2,886,055	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 344,849	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 344,849	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,684,636	32
33	Private Pay - Net Inpatient Revenue	435,459	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Food Stamps</u>	108,787	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,228,882	37

Period Beginning 1/1/19
Period End 12/31/19

Schedule I

XII. Income Statement

Line 15 Other Revenue		Amount
Vending Income	634	Offset Against Food Expense
Cable TV	(404)	Offset Against Cable TV Exp
NSF Check Fee	7	Offset Against Bank Fees
Miscellaneous Income	20	Offset Against Office Supplies
Gain on Sale of Assets	350	
TOTAL		607

Adjustment Detail

Line	Description	Amount
	1 Offset Vending Income Against Food	(634)
	1 Offset Meal Income Against Food	(965)
	3 Offset Cable TV Income Against Expense	404
	10 Offset NSF Fee Income Against Bank Fees	(7)
	10 Offset Miscellaneous Income Against Office Supplies	(20)
	10 Disallow Management Fees	(160,305)
	10 Disallow Bad Debt Expense	(15,144)
	10 Disallow Late Fees and Finance Charges	(935)
	17 Adjust Depreciation to Medicaid Basis	25,542
	18 Offset Interest Income Against Expense	(450)
	See Att Sch II Related Party Lessor net	(16,547)
Total Adjustments		(169,061)

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS, RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

As of 1/1/16, Robert Schleicher owned 81.5406% of St Francis Woods and Nancy Lee-McQuillan owned 18.4594%. During January 2016, Robert Schleicher purchased Nancy Lee-McQuillan's ownership and is now 100% owner.

VII. RELATED ORGANIZATIONS

St Francis Woods Management LLC provides overall operational and financial management

St Francis Woods

Period Beginning 1/1/19
Period End 12/31/19

ATTACHED SCHEDULE II

		Related Party Cost Adjustment	
		Facility Rent	
		RCS St Francis Woods Property LLC	
Line	Cost to Related Party Lessor:		
	10 Bank Charges		51
	17 Depreciation		72,800
	18 Interest on Mortgage (net of Interest Income)		137,279
	22 Mortgage Insurance		36,576
	22 Amortization of Loan Costs		2,575
			249,281
	20 Cost Per General Ledger - Facility Rent		(265,828)
			(16,547)