

		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: 1000071

Facility Name: Villa Catherine

Address: 1070 6th Street Carlyle 62231

County: Clinton

Telephone Number: (618-) 594-8383 Fax # 618 594-8384

Federal Employer ID Number:

Date Current Owners were Certified: 01/09/2007

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X

PROPRIETARY

Individual

Partnership

X Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

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) Jamie Nast

(Title) Supportive Living Manager

Paid Preparer

(Signed) 2/3/2020

(Print Name and Title) David Reis President

(Firm Name & Address) WDM Computer Support Services 1900 Harrison St. Quincy, IL 62301

(Telephone) 217) 228-1950 Fax 217-222-6053

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

Name: Dave Reis Telephone Number: (217 228-1950

Email Address:

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

Interest expense is based on a allocation of the current interest rate on the portion of the debt of the supportive living facility.

Page 4 Schedule VII A

Sue Gray c wnes50% Carlyle Healthcare I
Ann Reis c wnes45% Carlyle Healthcare I
Chris Reis ownes 5% of Carlyle Healthcare Inc.
Ann Reis ownes 25 % of Clinton Manor Living Center Inc. New Baden, Il

Carlyle Healthcare ownes 100% of Villa Catherine Assisted Living a division of Carlyle Healthcare
Carlyle Healthcare ownes 100% of Villa Catherine Supportive Living a division of Carlyle Healthcare
Carlyle Healthcare ownes 100% of Catherine Kasper Village a division of Carlyle Healthcare

Carlyle Healthcare ownes 100% of St. Vincents Home Inc.
Carlyle Healthcare ownes 100% of St.Vincents Home Inc.-Casista Catherine Assisted Living
Carlyle Healthcare ownes 100% of St. Vincents Home Inc.-Catherine Kasper Village
Carlyle Healthcare ownes 100% of St. Vincents Home Inc.-Catherine Kasper Community Center

Sue Gray wnes50% of WDM Health Services Inc.
Ann Reis wnes 50%of Wdm Health Services Inc.
No owner salaries are reflected in page 3

Page 4 Schedule VII C

Carlyle Healtcare provides at cost a service for laundry,maint.and refuse disposal.
Carlyle Hearthcare sells to Vil to Villa Catherine fo and ADM fees

Carlyle Healthcare Costs		Supportive Living Costs
Laundry Fee	1080	1080
Maintenance service	14000	14000
Refuse Disposal	2815	2815
Administrative fees	6000	6000

Page 3 line 13 Property Taxes are based on actual assessed value of the propertyby the county. See attached copies for details.

Schedule IV adjustments

line 1 is reduced by food for employee and guest meals.

line 8 is reduced by Beauty/barber income

STATE OF ILLINOIS

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Facility Name: Villa Catherine

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		37,457	1,456	38,913	(43)	38,870	1
2	Housekeeping, Laundry and Maintenance	14,000	6,344	3,895	24,239		24,239	2
3	Heat and Other Utilities			18,901	18,901		18,901	3
4	Other (specify):							4
5	TOTAL General Services	14,000	43,801	24,252	82,053	(43)	82,010	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	166,231	893	23,990	191,114		191,114	6
7	Activities and Social Services		1,506		1,506		1,506	7
8	Other (specify): Beauty ?barber			2,048	2,048	(2,166)	(118)	8
9	TOTAL Health Care and Programs	166,231	2,399	26,038	194,668	(2,166)	192,502	9
	C. General Administration							
10	Administrative and Clerical	24,720	3,246	19,560	47,526		47,526	10
11	Marketing Materials, Promotions and Advertising			6,698	6,698		6,698	11
12	Employee Benefits and Payroll Taxes			21,440	21,440		21,440	12
13	Insurance-Property, Liability and Malpractice			12,971	12,971		12,971	13
14	Other (specify):							14
15	TOTAL General Administration	24,720	3,246	60,669	88,635		88,635	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	204,951	49,446	110,959	365,356	(2,209)	363,147	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			50,984	50,984		50,984	17
18	Interest			40,941	40,941		40,941	18
19	Real Estate Taxes			22,998	22,998		22,998	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): Transportation			60	60		60	22
23	TOTAL Ownership			114,983	114,983		114,983	23
24	GRAND TOTAL (Sum of lines 16 and 23)	204,951	49,446	225,942	480,339	(2,209)	478,130	24

Facility Name: Villa Catherine

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	1	\$ 22.98	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	1	13.75	3
4	Activity Director & Assistants	1	13.75	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1	13.75	7
8	Dishwashers			8
9	Maintenance Workers	1	16.56	9
10	Housekeepers	1	13.75	10
11	Laundry			11
12	Managers	1	25.28	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	7	\$ 17.12	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
Carlyle Healthcare Center	Carlyle
ST. Vincent's Home	Quincy
Southern Illinois Center	New Baden

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
WDM HealthServices Inc.	Quincy	Management

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: Villa Catherine

Report Period Beginning:

01/01/2019

Ending:

12/31/2019

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	17		2007	2006	\$ 1,302,304	\$ 47,469	28	\$ 47,469	\$	\$ 616,878	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Land Improvements			2007	14,167	873	15	873		11,314	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)				\$ 1,316,471	\$ 48,342		\$ 48,342	\$	\$ 628,192	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	\$ 79,398	\$ 2,643	\$ 2,643	\$	8	\$ 54,944	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 79,398	\$ 2,643	\$ 2,643	\$		\$ 54,944	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: Villa Catherine

Report Period Beginning: 01/01/2019 Ending: 2/31/2019

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				\$			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	First National Bank		X	Mortgage	4/1/17	\$ 3,013,000	\$ 2,291,732	4/16/22	4.8500	\$ 40,896	1
2					/ /			/ /		** see notes	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 3,013,000	\$ 2,291,732			\$ 40,896	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 3,013,000	\$ 2,291,732			\$ 40,896	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: Villa Catherine

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	\$ 5,400	\$ 159,250	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	181,702	1,959,157	3
4	Supply Inventory (priced at)		21,520	4
5	Short-Term Investments		334,965	5
6	Prepaid Insurance		46,694	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)	\$ 187,102	\$ 2,521,586	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	160,000	288,950	13
14	Buildings, at Historical Cost	1,316,471	7,306,951	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	79,398	2,173,577	16
17	Accumulated Depreciation (book methods)	(683,136)	(5,514,173)	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)	\$ 872,733	\$ 4,255,305	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,059,835	\$ 6,776,891	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$ 228,137	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		163,916	29
30	Accrued Salaries Payable	903	265,226	30
31	Accrued Taxes Payable		69,887	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes		(30,000)	34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 903	\$ 697,166	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	480,000	3,387,539	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)	\$ 480,000	\$ 3,387,539	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 480,903	\$ 4,084,705	45
46	TOTAL EQUITY	\$ 578,932	\$ 2,692,186	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,059,835	\$ 6,776,891	47

*(See instructions.)

Facility Name: Villa Catherine

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	\$ 497,791	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 497,791	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	2,166	8
9	Non-Resident Meals	43	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 2,209	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			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 500,000	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	82,053	19
20	Health Care/ Personal Care	194,668	20
21	General Administration	88,635	21
	B. Capital Expense		
22	Ownership	114,983	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)	\$ 480,339	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 19,661	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 19,661	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 290,250	32
33	Private Pay - Net Inpatient Revenue	207,541	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 497,791	37