

		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: 1000135

Facility Name: Voyage Senior Living of Anna

Address: 151 Denny Drive Anna 62906

County: Union

Telephone Number: (618) 993-7533 Fax # (618) 993-7531

Federal Employer ID Number:

Date Current Owners were Certified: 10/27/2011

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

☒ Partnership

Corporation

"Sub-S" Corp.

Limited Liability Co.

Trust

☒ Other Disregarded Entity

GOVERNMENTAL

State

County

Other

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

Name: Patrice DeBlois Telephone Number: (618) 993-7533

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) Sherry Barter-Hamlin

(Title) CEO

Paid Preparer

(Signed)

(Print Name and Title) Mark Dallas Partner

(Firm Name & Address) Kerber, Eck, & Braeckel, LLP 3401 Office Park Drive, Marion, IL 62959

(Telephone) (618) 529-1040 Fax # (618) 549-2311

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

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	45	Single Unit Apartment	45	16,425	1
2	5	Double Unit Apartment	5	1,825	2
3		Other Double Occupancy		365	3
4	50	TOTALS	50	18,615	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	10,497	5,755		16,252	5
6	Double Unit	1,061	695		1,756	6
7	Other	362			362	7
8	TOTALS	11,920	6,450		18,370	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 98.68%

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

15 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 230 (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? 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? _____
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: Voyage Senior Living of Anna

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	74,561	117,304	197	192,062	(3,400)	188,662	1
2	Housekeeping, Laundry and Maintenance	36,826	14,340	27,286	78,452		78,452	2
3	Heat and Other Utilities			70,241	70,241		70,241	3
4	Other (specify):			9,036	9,036	(2,761)	6,275	4
5	TOTAL General Services	111,387	131,644	106,760	349,791	(6,161)	343,630	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	225,321	391	68,221	293,933		293,933	6
7	Activities and Social Services	28,891	1,585		30,476		30,476	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	254,212	1,976	68,221	324,409		324,409	9
	C. General Administration							
10	Administrative and Clerical	87,277	15,634	164,467	267,378		267,378	10
11	Marketing Materials, Promotions and Advertising			13,388	13,388		13,388	11
12	Employee Benefits and Payroll Taxes			103,407	103,407		103,407	12
13	Insurance-Property, Liability and Malpractice			51,363	51,363		51,363	13
14	Other (specify):							14
15	TOTAL General Administration	87,277	15,634	332,625	435,536		435,536	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	452,876	149,254	507,606	1,109,736	(6,161)	1,103,575	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			321,650	321,650	(7,585)	314,065	17
18	Interest			223,472	223,472		223,472	18
19	Real Estate Taxes			62,545	62,545		62,545	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):			1,250	1,250		1,250	22
23	TOTAL Ownership			608,917	608,917	(7,585)	601,332	23
24	GRAND TOTAL (Sum of lines 16 and 23)	452,876	149,254	1,116,523	1,718,653	(13,746)	1,704,907	24

Facility Name: Voyage Senior Living of Anna

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	1	\$ 26.50	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	9	10.82	3
4	Activity Director & Assistants			4
5	Social Service Workers	1	15.89	5
6	Head Cook			6
7	Cook Helpers/Assistants	4	10.25	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	2	10.13	10
11	Laundry			11
12	Managers	1	18.52	12
13	Other Administrative	1	25.00	13
14	Clerical			14
15	Marketing			15
16	Other	1	10.50	16
17	Total (lines 1 thru 16)	20	\$ 12.75	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
Marion Supportive Living, LP	Marion, IL

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
The Voyage Senior Living	Marion, IL	Managing Partner
The Voyage Senior Services	Marion, IL	Service Provider

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: The Voyage Senior Service, LLC If yes, what is the value of those services? \$ \$ 103,080

(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: Voyage Senior Living of Anna

Report Period Beginning:

1/1/2019

Ending:

12/31/2019

VIII. OWNERSHIP COSTS**A. Purchase price of land** 160,000 Year land was acquired 2011**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	50			2011	\$ 7,792,677	\$ 283,370	27.5	\$ 283,370	\$	\$ 2,325,316	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Landscaping		2011		30,000	1,771	15.0	2,000	229	18,485	6
7	Walkway-Back & Front		2013		2,126	142	15.0	142		923	7
8	Storage Building		2015		11,381	414	27.5	414		2,052	8
9	Driveway for Generator		2015		4,400	147	15.0	629	482	2,823	9
10	Storage Electrical		2015		2,991	54	27.5	109	55	1,740	10
11	Parking Lot		2017		11,312	754	15.0	2,262	1,508	1,885	11
12	Terrace Fence - Dumpster Enclosure		2018		4,580		15.0	305	305	4,580	12
13	Camera & Security System		2018		20,169	2,798	10.0	1,345	(1,453)	4,311	13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 7,879,636	\$ 289,450		\$ 290,576	\$ 1,126	\$ 2,362,115	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	\$ 585,906	\$ 17,870	\$ 9,755	(8,115)	3 - 10	\$ 558,524	18
19	Vehicles	10,426	601	5	(596)	5	10,426	19
20	TOTAL (lines 18 and 19)		\$ 596,332	\$ 18,471	\$ 9,760		\$ 568,950	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: Voyage Senior Living of Anna

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	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	IL Housing Dept Authority		x	To construct project building	10/1/10	\$ 5,700,000	\$	5/1/17	0.0557	\$	1
2	River to River Corporation	x		To construct project building	10/27/11	739,546			0.0475	15,080	2
3	Gershman/HUD Loan		x	To construct project building	5/1/17	5,610,000	5,395,894	5/1/52	0.0383	208,392	3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 12,049,546	\$ 5,395,894			\$ 223,472	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 12,049,546	\$ 5,395,894			\$ 223,472	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: Voyage Senior Living of Anna

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	\$ 66,810	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	199,792		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	28,568		6
7	Other Prepaid Expenses	18,564		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 313,734	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	160,000		13
14	Buildings, at Historical Cost	7,792,677		14
15	Leasehold Improvements, at Historical Cost	86,963		15
16	Equipment, at Historical Cost	596,331		16
17	Accumulated Depreciation (book methods)	(2,931,066)		17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds	454,026		21
22	Other Long-Term Assets (specify):			22
23	Other(specify): <u>Deferred tax credit & mgmt fees, n</u>	87,691		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 6,246,622	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,560,356	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 40,982	\$	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	58,580		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	<u>Accrued Other</u>	7,180		35
36	<u>Accounts Payable (owners or related parties</u>	78,527		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 185,269	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	5,189,205		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)	\$ 5,189,205	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 5,374,474	\$	45
46	TOTAL EQUITY	\$ 1,185,882	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,560,356	\$	47

*(See instructions.)

Facility Name: Voyage Senior Living of Anna

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	\$ 420,766	1
2	Discounts and Allowances	(27,357)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 393,409	3
	B. Other Operating Revenue		
4	Special Services	66,157	4
5	Other Health Care Services	1,088,592	5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	3,400	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,158,149	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	12,228	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 12,228	14
	D. Other Revenue (specify):		
15		2,761	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 2,761	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 1,566,547	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	349,791	19
20	Health Care/ Personal Care	324,409	20
21	General Administration	435,536	21
	B. Capital Expense		
22	Ownership	608,917	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)	\$ 1,718,653	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (152,106)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (152,106)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$	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)	\$	37

Page 4 Section VII A.

Related Organization	Nature of Purchase	Facility Book Value	Actual Cost	Difference	
Management Fee	Managing/Accounting	\$ 78,327	\$ 78,327	\$ -	Account 7000
Congregate Expense	Corporate Expenses	\$ 12,393	\$ 12,393	\$ -	Account 7005
Record Storage	Storage Fee	\$ 12,360	\$ 12,360	\$ -	Account 5660
		<u>\$ 103,080</u>	<u>\$ 103,080</u>		

Page 3 Section IV eliminations

Amount	Line #	
Guest Meals	(3,400)	Line 1 Account 4600
Senior TV	(2,761)	Line 4 Account 4081
Admin & General	-	Line 10 See above
Admin & General - Bad debt	-	Line 10 Account 9010
Accelerated Depreciation	(7,585)	Line 17 + 20 Schedule VIII
Total	<u>(13,746)</u>	

Page 3 Section IV Line 4

Trash	3,532	Account 5121
TV	5,502	Account 5125
	<u>9,034</u>	

Page 3 Section IV Line 22

Tax Credit Fee	1,250	Account 7040
	<u>1,250</u>	