

		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: 1000098

Facility Name: WOODRIDGE SL RESID GENESEO

Address: 620 OLIVIA COURT GENESEO 61254

County: HENRY

Telephone Number: (847) 679-8219 Fax # (847) 679-7377

Federal Employer ID Number:

Date Current Owners were Certified: 07/02/2008

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

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) MARSHALL MAUER
(Title) TREASURER

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 WOODRIDGE SL RESID GENESEO

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	52	Single Unit Apartment	52	18,980	1
2	8	Double Unit Apartment	8	2,920	2
3		Other			3
4	60	TOTALS	60	21,900	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	4,771	15,609		20,380	5
6	Double Unit					6
7	Other					7
8	TOTALS	4,771	15,609		20,380	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 93.06%

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

ACCRAUAL ☒ 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? 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: WOODRIDGE SL RESID GENESEO

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	113,789	151,727	1,664	267,180	(1,368)	265,812	1
2	Housekeeping, Laundry and Maintenance	64,379	32,554	10,893	107,826		107,826	2
3	Heat and Other Utilities			90,603	90,603		90,603	3
4	Other (specify): Scavenger & Exterminating Services			11,472	11,472		11,472	4
5	TOTAL General Services	178,168	184,281	114,632	477,081	(1,368)	475,713	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	375,457	2,557		378,014		378,014	6
7	Activities and Social Services	43,623	5,894		49,517		49,517	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	419,080	8,451		427,531		427,531	9
	C. General Administration							
10	Administrative and Clerical	121,272	6,010	142,373	269,655	11,655	281,310	10
11	Marketing Materials, Promotions and Advertising			7,167	7,167		7,167	11
12	Employee Benefits and Payroll Taxes			154,417	154,417		154,417	12
13	Insurance-Property, Liability and Malpractice			20,871	20,871	5,207	26,078	13
14	Other (specify):							14
15	TOTAL General Administration	121,272	6,010	324,828	452,110	16,862	468,972	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	718,520	198,742	439,460	1,356,722	15,494	1,372,216	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			4,513	4,513	90,349	94,862	17
18	Interest					147,516	147,516	18
19	Real Estate Taxes					52,754	52,754	19
20	Rent -- Facility and Grounds			369,740	369,740	(369,740)		20
21	Rent -- Equipment			14,218	14,218		14,218	21
22	Other (specify): Mortgage Insurance					23,967	23,967	22
23	TOTAL Ownership			388,471	388,471	(55,154)	333,317	23
24	GRAND TOTAL (Sum of lines 16 and 23)	718,520	198,742	827,931	1,745,193	(39,660)	1,705,533	24

Facility Name: WOODRIDGE SL RESID GENESEO

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	1.00	\$ 21.97	1
2	Licensed Practical Nurses	2.00	18.73	2
3	Certified Nurse Assistants	10.00	11.97	3
4	Activity Director & Assistants	2.00	11.16	4
5	Social Service Workers			5
6	Head Cook	1.00	11.04	6
7	Cook Helpers/Assistants	4.00	10.85	7
8	Dishwashers			8
9	Maintenance Workers	1.00	12.60	9
10	Housekeepers	2.00	10.74	10
11	Laundry			11
12	Managers	1.00	34.58	12
13	Other Administrative			13
14	Clerical	1.00	21.40	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	25.00	\$ 16.50	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
WOODRIDGE OF GALESBURG	GALESBURG
SEE ATTACHED	

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	MARSHALL MAUER		1.5	\$ 7,525	1
2	DANIEL AARON		0.25	1,421	2
3					3
4					4
5					5
Total				\$ 8946	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	\$	1
2		2
Total		\$ 3

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: DYNAMIC HEALTHCARE CONSULTANTS If yes, what is the value of those services? \$ 116,788 (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).

OTHER RELATED BUSINESS ENTITIES		
Name 3	City 4	Type of Business 5
SEE ATTACHED		

Facility Name: WOODRIDGE SL RESID GENESEO

Report Period Beginning:

1/1/2019

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			2008	2008	\$ 4,064,630	\$ 105,435	39	\$ 105,435	\$	1,533,607	1
2											2
3	RELATED PARTY				13,585			388	388	8,486	3
4											4
5											5
	Improvement Type										
6	PLUMBING WORK			2010	2,938	107	27.5	107		976	6
7	DOOR			2011	1,925	70	27.5	70		604	7
8	CARPENTRY AND LABOR			2011	6,219	226	27.5	226		1,855	8
9	REPAIR WALLPAPER			2012	1,122	41	27.5	41		217	9
10	SIDEWALK			2012	11,344	378	15.0	378		8,885	10
11	LANDSCAPING			2013	4,553	304	15.0	304		1,849	11
12	WINDOW TREATMENTS/DECORATING			2013	5,463	199	27.5	199		1,259	12
13	DATA WIRING/DVR'S			2013	3,507	203	27.5	203		1,125	13
14	SPRINKLER REPAIRS, OFFSET TRAP SUPPLY			2013	3,620	57	27.5	57		516	14
15	NURSE CALL PAGERS,PENDANT,WIRELESS CONNE			2014	19,320	703	27.5	703		4,523	15
16	ALARM, WATER HEATER, SOFTENER, GRAVEL PAI			2015	23,371	907	27.5	907		4,174	16
17	TOTAL (lines 1 thru 16)				\$ 4,161,597	\$ 108,630		\$ 109,018	\$ 388	\$ 1,568,076	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	\$ 325,944	\$ 9,409	\$ 32,594	23,185	10	\$ 278,425	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 9,409	\$ 32,594	23,185		\$ 278,425	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

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		\$ 4,161,597	\$ 108,630		\$ 109,018	\$ 388	\$ 1,568,076	1
2	KITCHEN FLOORING	2017	7,680	279	27.5	279		698	2
3	INSTALL NEW CAMERA SYSTEM	2018	3,784	138	27.5	138		236	3
4	ACTIVITY ROOM REMODEL	2018	4,495	1,438	5	1,438		2,337	4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
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27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 4,177,556	\$ 110,485		\$ 110,873	\$ 388	\$ 1,571,347	34

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

Facility Name: WOODRIDGE SL RESID GENESEO

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	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	MIDLAND BANK		X	MORTGAGE	4/9/14	\$ 4,089,500	\$ 3,647,984	5/1/44	4.0000	\$ 147,516	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,089,500	\$ 3,647,984			\$ 147,516	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,089,500	\$ 3,647,984			\$ 147,516	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: **WOODRIDGE SL RESID GENESEO**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	\$ (13,229)	\$ 135,097	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	225,738	225,738	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	18,072	30,890	6
7	Other Prepaid Expenses	1,269	1,269	7
8	Accounts Receivable (owners or related parties)	302,403	302,403	8
9	Other(specify): ESCROWS		137,862	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 534,253	\$ 833,259	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		251,148	13
14	Buildings, at Historical Cost		4,064,630	14
15	Leasehold Improvements, at Historical Cost	99,340	99,340	15
16	Equipment, at Historical Cost	58,670	344,314	16
17	Accumulated Depreciation (book methods)	(72,491)	(1,494,166)	17
18	Deferred Charge Deferred Loan Costs-Net		93,979	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): Security & Fixed Assets Dep	3,579	3,579	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 89,098	\$ 3,362,824	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 623,351	\$ 4,196,083	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 71,457	\$ 71,457	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		90,006	29
30	Accrued Salaries Payable	66,756	66,756	30
31	Accrued Taxes Payable	2,201	53,201	31
32	Accrued Interest Payable		12,160	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	INTERCOMPANY PAYABLE		470,402	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 140,414	\$ 763,982	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		3,557,978	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)	\$	\$ 3,557,978	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 140,414	\$ 4,321,960	45
46	TOTAL EQUITY	\$ 482,937	\$ (125,877)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 623,351	\$ 4,196,083	47

*(See instructions.)

Facility Name: WOODRIDGE SL RESID GENESEO

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	\$ 2,058,196	1
2	Discounts and Allowances	(6,739)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,051,457	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	FOOD STAMPS	9,462	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 9,462	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,060,919	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	477,081	19
20	Health Care/ Personal Care	427,531	20
21	General Administration	452,110	21
	B. Capital Expense		
22	Ownership	388,471	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	PRIOR YEAR ADJUSTMENT	2,191	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,747,384	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 313,535	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 313,535	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 395,793	32
33	Private Pay - Net Inpatient Revenue	1,662,403	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,058,196	37

WOODBIDGE OF GENESEO
RELATED HEALTHCARE ENTITIES

NAME	CITY
BRADLEY	BRADLEY
BRIDGEVIEW HEALTHCARE CENTER	BRIDGEVIEW
GROSSE POINT	NILES
OTTAWA PAVILION	OTTAWA
PARK RIDGE	PARK RIDGE
STERLING PAVILION	STERLING
WATERFRONT TERRACE	CHICAGO
WILLOW CREST	SANDWICH
WINDMILL NURSING PAVILION	SOUTH HOLLAND
WOODBIDGE	CHICAGO

OTHER RELATED BUSINESSES

DYNAMIC HEALTHCARE CONSULTANTS	SKOKIE	BOOKKEEPING
SEASONS HOSPICE	PARK RIDGE	HOSPICE
NORTHWEST ILLINOIS HOLDINGS	SKOKIE	REALTY

WOODBIDGE OF GENESEO LLC
12/31/2019

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES

LINE 1	SALES TAX ON FOOD	(1,368)
LINE 10	PENALTIES	(45)
LINE 17	STRAIGHT LINE DEPRECIATION	(23,185)

RELATED PARTY LANDLORD

LINE 20	RENT	(369,740)
LINE 10	PROFESSIONAL FEES	11,700
LINE 13	INSURANCE-PROPERTY	5,207
LINE 17	DEPRECIATION	113,534
LINE 18	MORTGAGE INTEREST	147,516
LINE 19	REAL ESTATE TAXES	52,754
LINE 22	MORTGAGE INSURANCE	23,967
LINE 24	GRAND TOTAL	(39,660)

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES	108,000
	UTILITIES	674
	REPAIR & MAINT	5,336
	EMP BEN-GEN SVC	2,222
	NURSE CONSULTANT	4,419
	PROFESSIONAL FEES	201
	DUES & SUBSCRIPTIONS	218
	CLERICAL & GENERAL	8,850
	SEMINAR & TRAVEL	1,157
	AUTO EXPENSE	2,258
	INSURANCE	2,119