

		FOR BHF USE			

LL2

Supportive Living Facility

2020

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2020)

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: 1000021

Facility Name: Asbury Court

Address: 1750 S Elmhurst Road Des Plaines 60018

County: Cook

Telephone Number: (847) 228-1500 Fax # (847) 228-1579

Federal Employer ID Number:

Date Current Owners were Certified: 2/28/2003

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

X 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 1/1/2020 to 12/31/2020 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) Michael Zahtz

(Title) CFO

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

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

Name: Michael Zahtz

Telephone Number: (847) 676-1700

Email Address:

III. STATISTICAL DATA

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

Date of change in certified units 9/1/2020

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	121	Single Unit Apartment	149	47,702	1
2	29	Double Unit Apartment	41	12,078	2
3		Other		10,412	3
4	150	TOTALS	190	70,192	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	44,676	704		45,380	5
6	Double Unit	20,772	724		21,496	6
7	Other					7
8	TOTALS	65,448	1,428		66,876	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 95.28%

D. Indicate the number of paid bed-hold days the SLF had during this year 930 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 34 (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: 12/31/2020 Fiscal Year: 12/31/2020

* 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

Page 3

Facility Name: Asbury Court

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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	422,209	89,869	463,812	975,890		975,890	1
2	Housekeeping, Laundry and Maintenance	351,950	111,753	235,972	699,675		699,675	2
3	Heat and Other Utilities			276,423	276,423		276,423	3
4	Other (specify):			25,726	25,726		25,726	4
5	TOTAL General Services	774,159	201,622	1,001,933	1,977,714		1,977,714	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	756,365	43,485	42,436	842,286		842,286	6
7	Activities and Social Services	126,172	15,110		141,282		141,282	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	882,537	58,595	42,436	983,568		983,568	9
	C. General Administration							
10	Administrative and Clerical	198,136	51,642	1,135,835	1,385,613	(103,789)	1,281,824	10
11	Marketing Materials, Promotions and Advertising	114,607	9,800	157,438	281,845		281,845	11
12	Employee Benefits and Payroll Taxes	84,871			84,871		84,871	12
13	Insurance-Property, Liability and Malpractice	228,516			228,516	21,811	250,327	13
14	Other (specify):							14
15	TOTAL General Administration	626,130	61,442	1,293,273	1,980,845	(81,978)	1,898,867	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	2,282,826	321,659	2,337,642	4,942,127	(81,978)	4,860,149	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			138,738	138,738	616,689	755,427	17
18	Interest					647,500	647,500	18
19	Real Estate Taxes					571,229	571,229	19
20	Rent -- Facility and Grounds			1,749,396	1,749,396	(1,749,396)		20
21	Rent -- Equipment			7,539	7,539		7,539	21
22	Other (specify): Mortgage insurance					100,393	100,393	22
23	TOTAL Ownership			1,895,673	1,895,673	186,415	2,082,088	23
24	GRAND TOTAL (Sum of lines 16 and 23)	2,282,826	321,659	4,233,315	6,837,800	104,437	6,942,237	24

Facility Name: Asbury Court

Report Period Beginning 1/1/2020 Ending: 12/31/2020

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses	6	34.63	2
3	Certified Nurse Assistants	12	15.50	3
4	Activity Director & Assistants	4	18.45	4
5	Social Service Workers			5
6	Head Cook	1	35.27	6
7	Cook Helpers/Assistants	15	16.15	7
8	Dishwashers	2	11.91	8
9	Maintenance Workers	4	27.63	9
10	Housekeepers	10	12.94	10
11	Laundry			11
12	Managers	1	45.05	12
13	Other Administrative	4	17.24	13
14	Clerical	2	23.68	14
15	Marketing	2	34.39	15
16	Other			16
17	Total (lines 1 thru 16)	63	\$	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
Asbury Gardens	North Aurora
Asbury Gardens Nursing and Rehab	North Aurora
Asbury of Kankakee Supportive Living	Kankakee
Asbury Court Nursing & Rehabilitation	Des Plaines

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
Des Plaines Property LLC	Des Plaines	Property
Asbury Healthcare	Lincolnwood	Management Co.

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: Asbury Court

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	See Attachment2										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)				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$	\$	\$	\$		\$	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: Asbury Court

Report Period Beginning: 1/1/2020

Ending: 2/31/2020

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 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					/ /	\$	\$	/ /		\$	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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

Page 7

Facility Name: Asbury Court

Report Period Beginning: 1/1/2020

Ending: 12/31/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,155,400	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 238,752)	1,100,808		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	16,679		6
7	Other Prepaid Expenses	11,430		7
8	Accounts Receivable (owners or related parties)	1,861,239		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 4,145,556	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost	4,100,161		15
16	Equipment, at Historical Cost	690,187		16
17	Accumulated Depreciation (book methods)	(2,633,210)		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)	\$ 2,157,138	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,302,694	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 302,384	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	86,588		30
31	Accrued Taxes Payable	4,737		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	70,000		34
	Other Current Liabilities(specify):			
35	Management Fee Payable	48,993		35
36	Entrance Fee Payable	40,546		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 553,248	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	510,400		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)	\$ 510,400	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 1,063,648	\$	45
46	TOTAL EQUITY	\$ 5,239,046	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,302,694	\$	47

*(See instructions.)

Facility Name: Asbury Court

Report Period Beginning: 1/1/2020

Ending:

12/31/2020

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	\$ 8,560,436	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 8,560,436	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	1,040	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,040	14
	D. Other Revenue (specify):		
15	COVID-19 Stimulus Income	456,834	15
16	Miscellaneous Income	33,122	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 489,956	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 9,051,432	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,977,714	19
20	Health Care/ Personal Care	983,568	20
21	General Administration	1,898,867	21
	B. Capital Expense		
22	Ownership	2,082,088	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)	\$ 6,942,237	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 2,109,195	29
30	Income Taxes	\$ 55,295	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 2,053,900	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 5,884,358	32
33	Private Pay - Net Inpatient Revenue	2,676,078	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 8,560,436	37

Pg4 Related Party Expenses

VII. C.

Description	Amount
Property Taxes	571,229.00
Insurance	21,811.00
Depreciation	621,649.00
Interest	647,500.00
Other Fees	87.00
Mortgage Insurance	100,393.00
Professional Fees	39,787.00
Total Related Party Expenses	<u>2,002,456</u>

Pg3 Expenses Adjustments:

Bad Debt	(143,663.00)	pg. 3 IV. 10
Professional Fees	39,874.00	pg. 3 IV. 10
Depreciation adj.	(4,960.00)	pg. 3 IV. 17
Mortgage insurance	100,393.00	pg. 3 IV. 22
Property taxes	571,229.00	pg. 3 IV. 19
Insurance	21,811.00	pg. 3 IV. 13
Interest	647,500.00	pg. 3 IV. 18
Depreciation	621,649.00	pg. 3 IV. 17
Rent	(1,749,396.00)	pg. 3 IV. 20
Total Adjustments	<u>104,437</u>	

