

		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: 1000030

Facility Name: Asbury of Kankakee Supp Lvg

Address: 1975 E Court St Kankakee 60901

County: Kankakee

Telephone Number: (815) 936-1000 Fax # ()

Federal Employer ID Number:

Date Current Owners were Certified: 10/1/2016

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

In the event there are further questions about this report, please contact:
Name: Michael Zahtz Telephone Number: (847) 676-1700
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 1/1/2020 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)
(Date)
(Type or Print Name) Michael Zahtz
(Title) Manager

Paid Preparer

(Signed)
(Date)
(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

Facility Name Asbury of Kankakee Supp Lvg Report Period Beginning: 1/1/2020 Ending: 12/31/2020

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	62	Single Unit Apartment	62	22,692	1
2	18	Double Unit Apartment	18	6,588	2
3		Other		3,684	3
4	80	TOTALS	80	32,964	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	15,879	865		16,744	5
6	Double Unit	7,327	520		7,847	6
7	Other					7
8	TOTALS	23,206	1,385		24,591	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 74.60%

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

465 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 1 (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

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Facility Name: Asbury of Kankakee Supp Lvg

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	104,089	176,954	5,759	286,802		286,802	1
2	Housekeeping, Laundry and Maintenance	107,673	77,416	197,442	382,531		382,531	2
3	Heat and Other Utilities			138,823	138,823		138,823	3
4	Other (specify): Scavenger			20,459	20,459		20,459	4
5	TOTAL General Services	211,762	254,370	362,483	828,615		828,615	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	460,461	50,487	27,007	537,955		537,955	6
7	Activities and Social Services		10,023	2,341	12,364		12,364	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	460,461	60,510	29,348	550,319		550,319	9
	C. General Administration							
10	Administrative and Clerical	173,826	14,920	376,636	565,382	(52,054)	513,328	10
11	Marketing Materials, Promotions and Advertising	61,657	24,517	75,185	161,359		161,359	11
12	Employee Benefits and Payroll Taxes			114,807	114,807		114,807	12
13	Insurance-Property, Liability and Malpractice			73,421	73,421	8,642	82,063	13
14	Other (specify):							14
15	TOTAL General Administration	235,483	39,437	640,049	914,969	(43,412)	871,557	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	907,706	354,317	1,031,880	2,293,903	(43,412)	2,250,491	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			12,702	12,702	57,852	70,554	17
18	Interest					243,465	243,465	18
19	Real Estate Taxes					112,071	112,071	19
20	Rent -- Facility and Grounds			545,143	545,143	(545,143)		20
21	Rent -- Equipment							21
22	Other (specify): Mortgage insurance					55,032	55,032	22
23	TOTAL Ownership			557,845	557,845	(76,723)	481,122	23
24	GRAND TOTAL (Sum of lines 16 and 23)	907,706	354,317	1,589,725	2,851,748	(120,135)	2,731,613	24

Facility Name: Asbury of Kankakee Supp Lvg

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	3	\$ 30.58	2
3	Certified Nurse Assistants	10	14.16	3
4	Activity Director & Assistants	1	20.18	4
5	Social Service Workers			5
6	Head Cook	1	15.08	6
7	Cook Helpers/Assistants	3	13.25	7
8	Dishwashers			8
9	Maintenance Workers	1	26.79	9
10	Housekeepers	2	11.53	10
11	Laundry			11
12	Managers	1	39.43	12
13	Other Administrative	1	26.07	13
14	Clerical			14
15	Marketing	1	29.44	15
16	Other			16
17	Total (lines 1 thru 16)	24	\$	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
See attached			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Asbury Healthcare		Lincolnwood		Management	
Asbury of Kankakee Realty		Kankakee		Property	

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 of Kankakee Supp Lvg

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											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 of Kankakee Supp Lvg 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	2	3	4	5	6		8. Is movable equipment rental included in building rental?
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		YES NO
3	Original Building			/ /	\$			3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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					/ /	\$	\$	/ /		\$	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.

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Facility Name: Asbury of Kankakee Supp Lvg

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	\$ 870,084	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 13,677)	269,107		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	12,255		6
7	Other Prepaid Expenses	5,840		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): Due from employees	1,984		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,159,270	\$	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			15
16	Equipment, at Historical Cost	87,129		16
17	Accumulated Depreciation (book methods)	(20,695)		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)	\$ 66,434	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,225,704	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 96,368	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	13,733		30
31	Accrued Taxes Payable	1,732		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	7,500		34
	Other Current Liabilities(specify):			
35	Due to related parties	20,327		35
36	Management Fee	10,143		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 149,803	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	142,700		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)	\$ 142,700	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 292,503	\$	45
46	TOTAL EQUITY	\$ 933,201	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,225,704	\$	47

*(See instructions.)

Facility Name: Asbury of Kankakee Supp Lvg

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	\$ 2,930,755	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,930,755	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	2,949	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,949	14
	D. Other Revenue (specify):		
15	Miscellaneous Income	11,642	15
16	COVID-19 Stimulus Income	215,443	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 227,085	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,160,789	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	828,615	19
20	Health Care/ Personal Care	550,319	20
21	General Administration	914,969	21
	B. Capital Expense		
22	Ownership	557,845	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)	\$ 2,851,748	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 309,041	29
30	Income Taxes	\$ 9,500	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 299,541	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,017,014	32
33	Private Pay - Net Inpatient Revenue	913,741	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,930,755	37

VII. Related Organizations
A. Related SLF's & Health Care Businesses

Name	City
Asbury Gardens SLF	Aurora
Asbury Gardens Nursing and Rehab	Aurora
Asbury Court Nursing & Rehabilitation	Des Plaines
Asbury Court Nursing & Rehabilitation	Des Plaines
Moraine Court	Bridgeview

Pg4 Related Party Expenses

VII. C.

Description	Amount
Other Fees	75.00
Property Taxes	112,071.00
Insurance	8,642.00
Depreciation	57,852.00
Interest	243,465.00
Bank Fees	447.00
Mortgage insurance	55,032.00
Total Related Party Expenses	477,584.00

Pg3 Expense Adjustments

Other Fees	75.00
Bad Debt	(52,576.00)
Property Taxes	112,071.00
Insurance	8,642.00
Depreciation	57,852.00
Interest	243,465.00
Bank Fees	447.00
Mortgage insurance	55,032.00
Rent	#####
Total Adjustments	#####

Fixed Assets Schedule

Description	Years	Cost	Accumulated	Accumulated	Accumulated
			Depreciation	Depreciation	Depreciation
scrubber	5	2,860	1,144	572	1,716
ice cuber	5	2,614	1,046	523	1,569
Chairs	7	4,211	301	602	902
PTACs	7	17,574	1,255	2,511	3,766
Generator	7	59,464	4,247	8,495	12,742
Total		86,724	7,993	12,702	20,695