

		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: 1000032

Facility Name: Brookstone Estates Rantoul

Address: 300 Twin Lakes Rantoul 61866

Number City Zip Code

County: Champaign

Telephone Number: (217) 892-5871 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 6/1/2015

Type of Ownership:

☐	VOLUNTARY, NON-PROFIT	☒	PROPRIETARY	☐	GOVERNMENTAL
☐	Charitable Corp.	☐	Individual	☐	State
☐	Trust	☐	Partnership	☐	County
IRS Exemption Code		☐	Corporation	☐	Other
		☒	"Sub-S" Corp.		
		☐	Limited Liability Co.		
		☐	Trust		
		☐	Other		

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

Name: Anna Kobrzak Telephone Number: (312) 673-4360

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 1/1/20 to 12/31/20 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)	Steve Hippel	
Paid Preparer	(Title)	Chief Financial Officer	
	(Signed)		(Date)
	(Print Name and Title)	Denise A. Leonard, CPA Partner	
	(Firm Name & Address)	Plante & Moran, PLLC 1111 Superior Ave Suite 1250 Cleveland, OH 44114	
	(Telephone)	(216) 274-6514 Fax (248) 233-7349	
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 Brookstone Estates Rantoul

Report Period Beginning: 1/1/20 Ending: 12/31/20

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	39	Single Unit Apartment	39	14,274	1
2	7	Double Unit Apartment	7	2,562	2
3		Other		601	3
4	46	TOTALS	46	17,437	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	5,259	7,709		12,968	5
6	Double Unit	324	2,052		2,376	6
7	Other	262	339		601	7
8	TOTALS	5,845	10,100		15,945	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 91.44%

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

None Also, indicate the number of unpaid bed-hold days the SLF
had during this year. None (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)

None

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 12/31/20 Fiscal Year: 12/31/20

* 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? N/A

If no, explain. N/A

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? N/A

If no, explain. N/A

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? N/A

If no, explain. N/A

STATE OF ILLINOIS

Page 3

Facility Name: Brookstone Estates Rantoul

Report Period Beginning:

1/1/20

Ending:

12/31/20

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	60,820	108,107	1,482	170,409	(27,613)	142,796	1
2	Housekeeping, Laundry and Maintenance	37,528	51,779		89,307		89,307	2
3	Heat and Other Utilities			74,568	74,568		74,568	3
4	Other (specify):			4,794	4,794		4,794	4
5	TOTAL General Services	98,348	159,886	80,844	339,078	(27,613)	311,465	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	297,814	45,755	7,732	351,301		351,301	6
7	Activities and Social Services	16,655	683	160	17,498	(435)	17,063	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	314,469	46,438	7,892	368,799	(435)	368,364	9
	C. General Administration							
10	Administrative and Clerical	125,623	12,511	191,432	329,566	(13,014)	316,552	10
11	Marketing Materials, Promotions and Advertising	338	4,565	36,780	41,683		41,683	11
12	Employee Benefits and Payroll Taxes			82,640	82,640		82,640	12
13	Insurance-Property, Liability and Malpractice			27,968	27,968		27,968	13
14	Other (specify):		41	400	441	(441)		14
15	TOTAL General Administration	125,961	17,117	339,220	482,298	(13,455)	468,843	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	538,778	223,441	427,956	1,190,175	(41,503)	1,148,672	16
	Capital Expenses							
	D. Ownership							
17	Depreciation							17
18	Interest							18
19	Real Estate Taxes							19
20	Rent -- Facility and Grounds			779,521	779,521		779,521	20
21	Rent -- Equipment			6,609	6,609		6,609	21
22	Other (specify):							22
23	TOTAL Ownership			786,130	786,130		786,130	23
24	GRAND TOTAL (Sum of lines 16 and 23)	538,778	223,441	1,214,086	1,976,305	(41,503)	1,934,802	24

Facility Name: Brookstone Estates Rantoul

Report Period Beginning 1/1/20 Ending: 12/31/20

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	0.05	\$ 16.75	1
2	Licensed Practical Nurses	0.35	27.15	2
3	Certified Nurse Assistants	8.27	13.38	3
4	Activity Director & Assistants	0.79	10.14	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	2.08	14.06	7
8	Dishwashers			8
9	Maintenance Workers	0.59	15.18	9
10	Housekeepers	0.71	12.79	10
11	Laundry			11
12	Managers (AL Director)	0.53	26.39	12
13	Other Administrative (ED)	0.85	35.80	13
14	Clerical	0.90	33.47	14
15	Marketing	0.01	53.92	15
16	Other (COVID Adj)	0.49	16.59	16
17	Total (lines 1 thru 16)	15.62	\$ 16.59	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

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	N/A			\$	1
2					2
3					3
4					4
5					5
Total				\$	6

VI. (B) Management fees paid to unrelated parties

		Amount of Fee	
1	SLN Manager SNF, LLC.	\$ 117,325	1
2			2
Total		\$ 117,325	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: 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).

Facility Name: Brookstone Estates Rantoul

Report Period Beginning:

1/1/20

Ending:

12/31/20

VIII. OWNERSHIP COSTS**A. Purchase price of land** N/AYear land was acquired N/A**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	Interior/Exterior Renovations- Construction			2019	29,770						6
7	Improvements Within Resident Units			2019	15,610						7
8	Hallway Lighting			2019	14,574						8
9											9
10											10
11											11
12											12
13	*Fixed asset balances were transferred to property company, which is an unrelated entity. Historial fixed assets have been kept on this schedule.										
14	Detail available upon request										14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 59,954	\$		\$	\$	\$	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	\$ 164,004	\$	\$			\$	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 164,004	\$	\$	\$		\$	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: Brookstone Estates Rantoul Report Period Beginning: 1/1/20 Ending: 12/31/20

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: WC-Rantoul LLC

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	2002	46	6/1/2015	\$ 779,521			3	9. Rental amount for movable equipment \$ 6,609
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL		46		\$ 779,521			7	

8. Is movable equipment rental included in building rental?

☒ YES ☐ NO

9. Rental amount for movable equipment \$ 6,609

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	IHDA					\$	\$			\$	1
2	IHDA										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: Brookstone Estates Rantoul

Report Period Beginning: 1/1/20

Ending:

12/31/20

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/20

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable- Patients (less allowance)	250,080 (135,924)		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	21,653		6
7	Other Prepaid Expenses	3,729		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 139,538	\$	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			16
17	Accumulated Depreciation (book methods)			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): CIP	1,766		22
23	Other(specify):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 1,766	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 141,304	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 58,214	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	22,187		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable	26,517		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Other	1,296,191		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,403,109	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Intercompany	1,725,434		42
43	Deferred Revenues	76,554		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 1,801,988	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 3,205,097	\$	45
46	TOTAL EQUITY	\$ (3,063,793)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 141,304	\$	47

*(See instructions.)

Facility Name: Brookstone Estates Rantoul

Report Period Beginning: 1/1/20

Ending:

12/31/20

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	\$ 1,779,953	1
2	Discounts and Allowances	(651)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,779,302	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services	10	5
6	Special Grants	70,558	6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals	27,613	9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 98,181	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	1,930	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 1,930	14
	D. Other Revenue (specify):		
15	Other Misc. Revenues	139,525	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 139,525	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,018,938	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	339,078	19
20	Health Care/ Personal Care	368,799	20
21	General Administration	482,298	21
	B. Capital Expense		
22	Ownership	786,130	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)	\$ 1,976,305	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 42,633	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 42,633	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 725,902	32
33	Private Pay - Net Inpatient Revenue	1,053,400	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 1,779,302	37