

		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: 1000066

Facility Name: Brookstone of Aledo

Address: 405 SE 13th Avenue Aledo 61231

Number City Zip Code

County: Mercer

Telephone Number: (309) 582-1132 Fax # (309) 582-1134

Federal Employer ID Number: 46-3007241

Date Current Owners were Certified: 09/01/2009

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT

☐ Charitable Corp.

☐ Trust

IRS Exemption Code

☐ PROPRIETARY ☐ GOVERNMENTAL

☐ Individual ☐ State

☐ Partnership ☐ County

☐ Corporation ☐ Other

☐ "Sub-S" Corp.

☒ Limited Liability Co.

☐ Trust

☐ 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 01/01/2020 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)

(Title)

Paid
Preparer

(Signed) (Date)

(Print Name and Title) William R. List - Director

(Firm Name & Address) BDO 800 Red Brook Blvd., Ste 300 Owings Mills, MD 21117

(Telephone) (410) 363-3200 Fax # ()

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

Name: William R. List

Telephone Number: (410) 363-3200

Email Address: Blist@BDO.com

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 of Aledo**

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

III. STATISTICAL DATA

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

Date of change in certified units

11 / 11

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	42	Single Unit Apartment	42	32,940	1		
2	24	Double Unit Apartment	24		2		
3		Other			3		
4	66	TOTALS	66	32,940	4		

B. Census-For the entire report period.

	1 Type of Unit	2 Medicaid Recipient	3 Private Pay	4 Other	5 Total	
Resident Days by Unit and Primary Source of Payment						
5	Single Unit	8,659	18,399		27,058	5
6	Double Unit					6
7	Other					7
8	TOTALS	8,659	18,399		27,058	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **82.14%**

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

ACCUAL		MODIFIED	
	X	CASH*	CASH*

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

Tax Year: 12/31 **Fiscal Year:** 12/31

* 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: Brookstone of Aledo

Report Period Beginning:

01/01/2020

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	177,366	116,319	1,681	295,366		295,366	1
2	Housekeeping, Laundry and Maintenance	68,229	13,998	35,979	118,206	(500)	117,706	2
3	Heat and Other Utilities			119,022	119,022	(16,408)	102,614	3
4	Other (specify):							4
5	TOTAL General Services	245,595	130,317	156,682	532,594	(16,908)	515,686	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	238,823	2,768	11,384	252,975		252,975	6
7	Activities and Social Services	29,792	4,277	436	34,505		34,505	7
8	COVID Expenses		61,440		61,440		61,440	8
9	TOTAL Health Care and Programs	268,615	68,485	11,820	348,920		348,920	9
	C. General Administration							
10	Administrative and Clerical	227,934	3,947	257,811	489,692		489,692	10
11	Marketing Materials, Promotions and Advertising			20,739	20,739	(20,739)		11
12	Employee Benefits and Payroll Taxes			106,472	106,472		106,472	12
13	Insurance-Property, Liability and Malpractice			60,685	60,685		60,685	13
14	Uniforms and Bad Debts		1,565	15,623	17,188	(15,623)	1,565	14
15	TOTAL General Administration	227,934	5,512	461,330	694,776	(36,362)	658,414	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	742,144	204,314	629,832	1,576,290	(53,270)	1,523,020	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			30,671	30,671		30,671	17
18	Interest							18
19	Real Estate Taxes			132,900	132,900		132,900	19
20	Rent -- Facility and Grounds			745,024	745,024		745,024	20
21	Rent -- Equipment			4,895	4,895		4,895	21
22	Income Taxes			7,341	7,341	(7,341)		22
23	TOTAL Ownership			920,831	920,831	(7,341)	913,490	23
24	GRAND TOTAL (Sum of lines 16 and 23)	742,144	204,314	1,550,663	2,497,121	(60,611)	2,436,510	24

Facility Name: Brookstone of Aledo

Report Period Beginning: 01/01/2020 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			2
3	Certified Nurse Assistants			3
4	Activity Director & Assistants	1	15.41	4
5	Social Service Workers	1	26.00	5
6	Head Cook	1	18.50	6
7	Cook Helpers/Assistants	6	10.95	7
8	Dishwashers			8
9	Maintenance Workers	1	18.50	9
10	Housekeepers	3	11.61	10
11	Laundry			11
12	Managers	1	40.86	12
13	Other Administrative	1	15.93	13
14	Clerical			14
15	Marketing	1	26.44	15
16	Other	7	11.89	16
17	Total (lines 1 thru 16)	24	\$ 14.54	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

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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	Meridian Senior Living, LLC	\$ 150,211	1
2			2
Total		\$ 150,211	3

Facility Name: Brookstone of Aledo

Report Period Beginning:

01/01/2020

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	\$ 143,295	\$ 24,145	\$ 24,145	\$	various	\$ 82,530	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 143,295	\$ 24,145	\$ 24,145	\$		\$ 82,530	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	Leasehold Improvements	\$ 88,164	\$ 6,526	\$ 35,373	21
22					22
23					23
24	TOTALS (lines 21, 22 and 23)	\$ 88,164	\$ 6,526	\$ 35,373	24

Facility Name: Brookstone of Aledo

Report Period Beginning: 01/01/2020 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		66	01/01/2011	\$ 741,560	10		3	
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL		66		\$ 741,560			7	

9. Rental amount for movable equipment \$ 8,360

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: Brookstone of Aledo

Report Period Beginning: 01/01/2020

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	\$ 406,004	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	643,733		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	156,889		6
7	Other Prepaid Expenses	20,536		7
8	Accounts Receivable (owners or related parties)	5,123		8
9	Other(specify):	376,285		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,608,570	\$	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	88,164		15
16	Equipment, at Historical Cost	143,295		16
17	Accumulated Depreciation (book methods)	(117,903)		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)	\$ 113,555	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,722,125	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 24,988	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	28,920		30
31	Accrued Taxes Payable	10,531		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	PPP Loan	166,689		35
36	Prepaid Rev / Accrued R.E. tax	172,242		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 403,370	\$	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				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 403,370	\$	45
46	TOTAL EQUITY	\$ 1,318,755	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 1,722,125	\$	47

*(See instructions.)

Facility Name: Brookstone of Aledo

Report Period Beginning: 01/01/2020

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	\$ 2,926,676	1
2	Discounts and Allowances	(1,288)	2
	SUBTOTAL Resident Care		
3	(line 1 minus line 2)	\$ 2,925,387	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
	SUBTOTAL OTHER OPERATING REVENUE		
11	(sum of lines 4 thru 10)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
	SUBTOTAL Non-Operating Revenue		
14	(sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	Cable TV / Pet Fee	17,657	15
16	Phone / Internet	61,718	16
	SUBTOTAL Other Revenue		
17	(sum of lines 15 and 16)	\$ 79,375	17
	TOTAL REVENUE		
18	(sum of lines 3, 11, 14 and 17)	\$ 3,004,762	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	532,595	19
20	Health Care/ Personal Care	348,919	20
21	General Administration	694,775	21
	B. Capital Expense		
22	Ownership	920,832	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
	TOTAL EXPENSES		
28	(sum of lines 19 thru 27)	\$ 2,497,120	28
	Income Before Income Taxes		
29	(line 18 minus line 28)	\$ 507,642	29
	Income Taxes		
30		\$	30
	NET INCOME OR LOSS FOR THE YEAR		
31	(line 29 minus line 30)	\$ 507,642	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 793,355	32
33	Private Pay - Net Inpatient Revenue	2,132,032	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,925,387	37

Brookstone of Aledo

DECEMBER 31, 2020

Reference	Description		Amount	Page 3 Line #	
4101-0104	Cable	B	(10,985)	3	x
4101-0106	Pet Fee	B	(500)	2	x
4101-0114	Phone/Internet Service	B	(5,422)	3	x
4301-0311	Miscellaneous Revenue	B	-	20	see below
	Miscellaneous Revenue	B	-	10	see below
5101-0501	Advertising & Marketing	A	(14,766)	11	x
5101-0502	Referral Fee	A	(327)	11	x
5101-0503	Gifts (WOW Program)	A	(3,108)	11	x
5101-0507	Digital Advertising	A	(2,538)	11	x
5908-0010	Income Taxes	A	(7,341)	22	x
5909-1901	Bad Debt: Assisted Living - PRI	A	(15,623)	14	x
			(60,609)		

Brookstone of Aledo
Account Analysis - Account Number 4301-0311 (61,708.46)
For The Period 01/01/2020 thru 12/31/2020

Description	Amount	Line
Hair Salon Rental		20
Stamp Purchase		10
Resident Community Fee		n/a
Respite Room Deposits		n/a
RA Interest (Interest on Payments)		10
Resident Room Deposit		n/a
Total		