

		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: 1000040

Facility Name: HERITAGE WOODS OF BENTON

Address: 1305 BAILEY LANE BENTON 62812

County: FRANKLIN

Telephone Number: (618) 439-9431 Fax # 618 439-9432

Federal Employer ID Number:

Date Current Owners were Certified: 1/13/2005

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

PROPRIETARY
Individual
X Partnership
Corporation
"Sub-S" Corp.
Limited Liability Co.
Trust
Other

GOVERNMENTAL
State
County
Other

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

Name: Danel Erickson
Telephone Number: (815) 935-1992
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 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) Greg Echols
(Title) CFO, Gardant Management Solutions

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 HERITAGE WOODS OF BENTON

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 / /

	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	92	Single Unit Apartment	92	33,580	1
2	8	Double Unit Apartment	8	2,920	2
3		Other			3
4	100	TOTALS	100	36,500	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	23,695	5,027		28,722	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	23,695	5,027	0	28,722	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 78.69%

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

370 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 44 (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: 2020 Fiscal Year: 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 principle? No
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 principle? _____
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 principle? _____
If no, explain. _____

STATE OF ILLINOIS

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Facility Name: HERITAGE WOODS OF BENTON

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	228,668	166,460	1,168	396,296	0	396,296	1
2	Housekeeping, Laundry and Maintenance	113,100	28,231	23,296	164,627	0	164,627	2
3	Heat and Other Utilities			113,148	113,148	(19,414)	93,734	3
4	Other (specify):	63,375	0	67,469	130,844	0	130,844	4
5	TOTAL General Services	405,143	194,691	205,081	804,915	(19,414)	785,500	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	445,942	16,087	0	462,029	0	462,029	6
7	Activities and Social Services	41,588	4,926	0	46,514	0	46,514	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	487,530	21,013	0	508,543	0	508,543	9
	C. General Administration							
10	Administrative and Clerical	111,748	44,986	233,799	390,533	(22,423)	368,110	10
11	Marketing Materials, Promotions and Advertising	50,002	9,394	90,003	149,399	0	149,399	11
12	Employee Benefits and Payroll Taxes	0	0	312,167	312,167	0	312,167	12
13	Insurance-Property, Liability and Malpractice	0	0	84,416	84,416	0	84,416	13
14	Other (specify):	0	0	133,224	133,224	(66,913)	66,311	14
15	TOTAL General Administration	161,750	54,380	853,609	1,069,739	(89,336)	980,403	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,054,423	270,084	1,058,690	2,383,196	(108,750)	2,274,446	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			304,056	304,056	0	304,056	17
18	Interest			346,593	346,593	(5,144)	341,449	18
19	Real Estate Taxes			94,989	94,989	0	94,989	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			12,359	12,359	0	12,359	21
22	Other (specify):	0	0	88,545	88,545	0	88,545	22
23	TOTAL Ownership	0	0	846,542	846,542	(5,144)	841,398	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,054,423	270,084	1,905,231	3,229,738	(113,894)	3,115,844	24

Facility Name: HERITAGE WOODS OF BENTON

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	Inc line 12	\$ Inc line 12	1
2	Licensed Practical Nurses	1	23.13	2
3	Certified Nurse Assistants	13	12.76	3
4	Activity Director & Assistants	Inc line 12	Inc line 12	4
5	Social Service Workers	0	0.00	5
6	Head Cook	0	0.00	6
7	Cook Helpers/Assistants	8	11.80	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.96	10
11	Laundry	0	0.00	11
12	Managers	6	21.21	12
13	Other Administrative	2	25.67	13
14	Clerical	Inc line 13	Inc line 13	14
15	Marketing	Inc line 12	Inc line 12	15
16	Other	0	0.00	16
17	Total (lines 1 thru 16)	33	\$	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

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				\$ 0	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1	Gardant Management Solutions	\$ 175,877	1
2			2
Total		\$ 175,877	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF BENTON Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 81,711 Year land was acquired 2002

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	100			2004	\$ 8,015,123	\$ 290,637	27.5	\$ 291,459	\$ 822	\$ 4,601,682	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				429,303	406	15	28,620	28,214	427,847	6
7									0		7
8									0		8
9									0		9
10									0		10
11									0		11
12									0		12
13									0		13
14									0		14
15									0		15
16									0		16
17	TOTAL (lines 1 thru 16)				\$ 8,444,427	\$ 291,043		\$ 320,079	\$ 29,036	\$ 5,029,530	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	\$ 1,035,193	\$ 5,953	\$ 103,519	97,566	10	\$ 1,018,850	18
19	Vehicles	61,295	7,061	12,259	5,198	5	57,764	19
20	TOTAL (lines 18 and 19)	\$ 1,096,487	\$ 13,014	\$ 115,778	102,764		\$ 1,076,614	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: HERITAGE WOODS OF BENTON

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

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		0		\$ 0			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	MIDLAND STATES BANK		X	FIRST MORTGAGE	10/30/17	\$ 8,000,000	\$ 8,556,509	4/30/19	0.0060	\$ 346,184	1	
2											2	
3											3	
	Working Capital											
4	Peoples National Bank			PPP	4/1/20	257,480		4/1/22	0.0100		4	
5					/ /			/ /			5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$ 8,257,480	\$ 8,556,509				\$ 346,184	7
	B. Non-Facility Related											
8					/ /			/ /			8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$ 8,257,480	\$ 8,556,509				\$ 346,184	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: HERITAGE WOODS OF BENTON

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	\$ 1,009,898	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (124,452))	217,945		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	86,459		6
7	Other Prepaid Expenses	19,980		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify):	0		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,334,282	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	81,711		13
14	Buildings, at Historical Cost	8,015,123		14
15	Leasehold Improvements, at Historical Cost	429,303		15
16	Equipment, at Historical Cost	1,096,487		16
17	Accumulated Depreciation (book methods)	(6,106,144)		17
18	Deferred Charges	1,884		18
19	Organization & Pre-Operating Costs	0		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0		20
21	Restricted Funds	614,206		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify):	0		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 4,132,571	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 5,466,853	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 56,678	\$	26
27	Officer's Accounts Payable	0		27
28	Accounts Payable-Patient Deposits	0		28
29	Short-Term Notes Payable	0		29
30	Accrued Salaries Payable	42,705		30
31	Accrued Taxes Payable	97,114		31
32	Accrued Interest Payable	28,664		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	149,557		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 374,719	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	257,480		38
39	Mortgage Payable	8,332,844		39
40	Bonds Payable	0		40
41	Deferred Compensation	0		41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 8,590,324	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,965,043	\$ 0	45
46	TOTAL EQUITY	\$ (3,498,190)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 5,466,853	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF BENTON

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	\$ 3,173,083	1
2	Discounts and Allowances	(51,022)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,122,061	3
	B. Other Operating Revenue		
4	Special Services	123,391	4
5	Other Health Care Services	0	5
6	Special Grants	335,632	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	3,304	8
9	Non-Resident Meals	49	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 462,376	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	5,144	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,144	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	1,810	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,810	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,591,391	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	804,915	19
20	Health Care/ Personal Care	508,543	20
21	General Administration	1,069,739	21
	B. Capital Expense		
22	Ownership	846,542	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)	\$ 3,229,738	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 361,653	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 361,653	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,657,048	32
33	Private Pay - Net Inpatient Revenue	1,465,013	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,122,061	37

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	-
1102-9972-0-0	A/R-Gardant Mgmt Solutions	-
1102-9973-0-0	A/R-Insurance Reimbursement	-
1102-9974-0-0	A/R-Subscription Receivable	-
1102-9975-0-0	A/R-CIP	-
1102-9976-0-0	A/R-Other	-
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		-
Other Long Term Assets Detail		
1201-0020-0-0	CIP	-
1201-0021-0-0	CIP- Land Option Addition	-
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		-

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	16,591
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	-
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	-
2112-0105-0-0	Accrued Liabilities	25,469
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0144-0-0	Payroll Union Dues	-
2112-0146-0-0	Payroll Benefits	-
2112-0150-0-0	Security Deposits	-
2112-0154-0-0	Unclaimed Property	828
2112-0155-0-0	Reservation Deposit	-
2112-0156-0-0	Buy Down Credit	-
2112-0157-0-0	Unapplied Last Month Rent	-
2112-0158-0-0	Deferred Gain on Sale	-
2112-0159-0-0	Unearned Revenue	19,550
2112-0159-1-0	Medicaid Prepayments	87,120
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		149,557
		299114.56

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other late fees, NSF, call pendants	1,810
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	-
3300-3393-0-0	Insurance Adjustments	-
3300-3395-0-0	Developer Fee Income	-
3300-3396-0-0	Home Office Rent Income	-
3300-3202-0-0	Food & Meal Prep	-
PG8-15.1		1,810