

		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: 1000140

Facility Name: HERITAGE WOODS OF GURNEE LLC

Address: 3775 GRAND AVENUE GURNEE 60031

County: LAKE

Telephone Number: (847) 623-6300 Fax # 847 623-6305

Federal Employer ID Number:

Date Current Owners were Certified: 8/21/2013

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT Charitable Corp. ☐ PROPRIETARY Individual ☐ GOVERNMENTAL 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: 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

HFS 3745C (N-4-05)

IL478-2471

Facility Name **HERITAGE WOODS OF GURNEE LLC**

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	105	Single Unit Apartment	105	38,325	1		
2	0	Double Unit Apartment	0	0	2		
3		Other			3		
4	105	TOTALS	105	38,325	4		

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	30,389	3,689		34,078	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	30,389	3,689	0	34,078	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 88.92%

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

661 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. **58 (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	X	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? _____
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 GURNEE LLC

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	319,200	205,860	1,468	526,528	0	526,528	1
2	Housekeeping, Laundry and Maintenance	114,414	52,050	93,860	260,324	0	260,324	2
3	Heat and Other Utilities			138,825	138,825	(26,823)	112,002	3
4	Other (specify):	54,049	0	85,437	139,486	0	139,486	4
5	TOTAL General Services	487,663	257,910	319,590	1,065,163	(26,823)	1,038,340	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	602,533	17,955	0	620,488	0	620,488	6
7	Activities and Social Services	26,576	4,562	0	31,138	0	31,138	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	629,109	22,517	0	651,626	0	651,626	9
	C. General Administration							
10	Administrative and Clerical	211,357	43,919	349,747	605,023	(27,408)	577,615	10
11	Marketing Materials, Promotions and Advertising	61,499	11,882	33,960	107,341	0	107,341	11
12	Employee Benefits and Payroll Taxes	0	0	237,535	237,535	0	237,535	12
13	Insurance-Property, Liability and Malpractice	0	0	94,875	94,875	0	94,875	13
14	Other (specify):	0	0	433,177	433,177	(181,884)	251,293	14
15	TOTAL General Administration	272,856	55,801	1,149,294	1,477,951	(209,292)	1,268,659	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,389,628	336,228	1,468,884	3,194,740	(236,115)	2,958,624	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			579,763	579,763	0	579,763	17
18	Interest			357,779	357,779	(7,998)	349,781	18
19	Real Estate Taxes			111,190	111,190	0	111,190	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			12,523	12,523	0	12,523	21
22	Other (specify):	0	0	1,027,222	1,027,222	0	1,027,222	22
23	TOTAL Ownership	0	0	2,088,477	2,088,477	(7,998)	2,080,479	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,389,628	336,228	3,557,361	5,283,217	(244,113)	5,039,104	24

Facility Name: HERITAGE WOODS OF GURNEE LLC

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	30.86	2
3	Certified Nurse Assistants	12	15.12	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	10	12.26	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	10.47	10
11	Laundry	0	0.00	11
12	Managers	6	25.17	12
13	Other Administrative	4	28.21	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)	35	\$	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	\$ 243,051	1
2			2
Total		\$ 243,051	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF GURNEE LLC

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 1,233,458 Year land was acquired 2008

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	105			2008	\$ 14,747,008	\$ 535,869	27.5	\$ 536,255	\$ 385	\$ 4,419,055	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				541,276	35,675	15	36,085	410	295,445	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)				\$ 15,288,284	\$ 571,545		\$ 572,340	\$ 795	\$ 4,714,499	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	\$ 1,109,332	\$ 8,218	\$ 221,866	213,649	5	\$ 1,007,529	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 1,109,332	\$ 8,218	\$ 221,866	213,649		\$ 1,007,529	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 GURNEE LLC

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	
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL		0		\$ 0			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	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	CENTENNIAL MORTGAGE		X	FIRST MORTGAGE	8/1/11	\$ 11,550,000	\$ 10,410,249	11/1/52	0.0445	\$ 357,779	1
2											2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 11,550,000	\$ 10,410,249			\$ 357,779	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 11,550,000	\$ 10,410,249			\$ 357,779	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 GURNEE LLC

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	\$ 1,713,621	\$	1
2	Cash-Patient Deposits	152		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (314,245))	552,826		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	75,082		6
7	Other Prepaid Expenses	17,784		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	531		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,359,996	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	1,233,458		13
14	Buildings, at Historical Cost	14,747,008		14
15	Leasehold Improvements, at Historical Cost	541,276		15
16	Equipment, at Historical Cost	1,109,332		16
17	Accumulated Depreciation (book methods)	(5,722,028)		17
18	Deferred Charges	1,034		18
19	Organization & Pre-Operating Costs	114,892		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(94,784)		20
21	Restricted Funds	1,853,963		21
22	Other Long-Term Assets (specify):	0		22
23	Other(specify): See Page 7 Attachment	6,134		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 13,790,286	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 16,150,283	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 318,911	\$	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	0		30
31	Accrued Taxes Payable	116,681		31
32	Accrued Interest Payable	29,582		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	1,415,294		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 1,880,468	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	10,092,738		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)	\$ 10,092,738	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,973,206	\$ 0	45
46	TOTAL EQUITY	\$ 4,177,077	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 16,150,283	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF GURNEE LLC

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	\$ 4,410,219	1
2	Discounts and Allowances	(22,888)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,387,331	3
	B. Other Operating Revenue		
4	Special Services	181,614	4
5	Other Health Care Services	0	5
6	Special Grants	372,897	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	1,487	8
9	Non-Resident Meals	25	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 556,023	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	7,998	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 7,998	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	7,603	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 7,603	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,958,955	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,065,163	19
20	Health Care/ Personal Care	651,626	20
21	General Administration	1,477,951	21
	B. Capital Expense		
22	Ownership	2,088,477	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)	\$ 5,283,217	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (324,262)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (324,262)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,606,623	32
33	Private Pay - Net Inpatient Revenue	1,780,708	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,387,331	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	531
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		531
Other Long Term Assets Detail		
1201-0020-0-0	CIP	1,134
1201-0021-0-0	CIP- Land Option Addition	5,000
1201-0022-0-0	CIP- Other Addition	-
PG7-23.1		6,133.50

Current Liabilities Detail		Amt
2111-0040-0-0	Construction Account Payable	-
2112-0100-0-0	Accrued Asset Management Fee	50,000
2112-0101-0-0	Accrued Partnership Mgmt Fee	-
2112-0102-0-0	Accrued Incentive Mgmt Fee	849,728
2112-0102-1-0	Accrued Incentive Asset Mgmt Fee	49,990
2112-0105-0-0	Accrued Liabilities	71,057
2112-0110-0-0	Accrued Insurance	-
2112-0115-0-0	Accrued Developer Fee	-
2112-0130-0-0	Accrued MIP	-
2112-0140-0-0	Accrued Vacation	-
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	8,213
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	65,027
2112-0159-1-0	Medicaid Prepayments	321,278
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		1,415,294

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	4,003 Late fees; Call Pendants; NSF fees
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	3,600
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		7,603