

		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: 1000045

Facility Name: HERITAGE WOODS OF MANTENO

Address: 355 DIVERSATCH DRIVE MANTENO 60950
Number City Zip Code

County: KANKAKEE

Telephone Number: (815) 468-3553 Fax # 815 468-3888

Federal Employer ID Number:

Date Current Owners were Certified: 10/25/2007

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) Greg Echols

(Title) CFO, Gardant Management Solutions

Paid
Preparer

(Signed) _____ (Date) _____

(Print Name and Title) _____

(Firm Name & Address) _____

(Telephone) () Fax # ()

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

Name: Danel Erickson Telephone Number: (815) 935-1992
Email Address: _____

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 MANTENO

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	81	Single Unit Apartment	81	29,565	1
2	6	Double Unit Apartment	6	2,190	2
3		Other			3
4	87	TOTALS	87	31,755	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	19,154	8,639		27,793	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	19,154	8,639	0	27,793	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 87.52%

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

296 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 18 (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 X

F. Does the BALANCE SHEET reflect any non-SLF assets?

YES NO X

G. List all services provided by your facility for non-residents. (E.g., day care, "meals on wheels", outpatient therapy)

H. ACCOUNTING BASIS

ACCRUAL X MODIFIED CASH* CASH*

I. Is your fiscal year identical to your tax year? X 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 MANTENO

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	252,501	166,052	2,374	420,927	0	420,927	1
2	Housekeeping, Laundry and Maintenance	97,400	24,176	25,522	147,098	0	147,098	2
3	Heat and Other Utilities			130,730	130,730	(25,720)	105,010	3
4	Other (specify):	60,689	0	71,449	132,138	0	132,138	4
5	TOTAL General Services	410,590	190,228	230,075	830,893	(25,720)	805,173	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	483,794	13,809	0	497,603	0	497,603	6
7	Activities and Social Services	25,440	4,969	0	30,409	0	30,409	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	509,234	18,778	0	528,012	0	528,012	9
	C. General Administration							
10	Administrative and Clerical	163,748	35,575	294,379	493,702	(22,444)	471,258	10
11	Marketing Materials, Promotions and Advertising	27,025	8,350	10,868	46,243	0	46,243	11
12	Employee Benefits and Payroll Taxes	0	0	245,011	245,011	0	245,011	12
13	Insurance-Property, Liability and Malpractice	0	0	81,613	81,613	0	81,613	13
14	Other (specify):	0	0	106,996	106,996	(22,700)	84,296	14
15	TOTAL General Administration	190,773	43,925	738,867	973,565	(45,144)	928,421	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,110,597	252,931	968,942	2,332,470	(70,864)	2,261,606	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			273,745	273,745	0	273,745	17
18	Interest			238,971	238,971	(5,002)	233,969	18
19	Real Estate Taxes			172,813	172,813	0	172,813	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			38,725	38,725	0	38,725	21
22	Other (specify):	0	0	326,427	326,427	281,241	607,668	22
23	TOTAL Ownership	0	0	1,050,681	1,050,681	276,240	1,326,921	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,110,597	252,931	2,019,623	3,383,151	205,376	3,588,527	24

Facility Name: HERITAGE WOODS OF MANTENO

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	28.15	2
3	Certified Nurse Assistants	12	15.19	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	9	11.91	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	3	11.32	10
11	Laundry	0	0.00	11
12	Managers	5	23.75	12
13	Other Administrative	4	24.69	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
DSI WATSEKA OPERATOR & OWNER		WATSEKA	
DSI FLORA OPERATOR & OWNER		FLORA	
DSI OTTAWA OPERATOR & OWNER		OTTAWA	

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	\$ 208,086	1
2			2
Total		\$ 208,086	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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

VIII. OWNERSHIP COSTS

A. Purchase price of land 229,234 Year land was acquired 2001

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	87			2005	\$ 7,405,056	\$ 269,883	28	\$ 269,275	\$ (608)	\$ 3,538,962	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				0	0	15	0	0	0	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)				\$ 7,405,056	\$ 269,883		\$ 269,275	\$ (608)	\$ 3,538,962	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	\$ 376,258	\$ 3,862	\$ 75,252	71,390	5	\$ 357,529	18
19	Vehicles	20,817	0	4,163	4,163	5	20,817	19
20	TOTAL (lines 18 and 19)	\$ 397,076	\$ 3,862	\$ 79,415	75,553		\$ 378,346	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 MANTENO

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	9/1/13	\$ 9,596,500	\$ 8,133,085	8/1/47	0.0302	\$ 236,813	1	
2											2	
3											3	
	Working Capital											
4	Peoples National Bank		X	Line of Credit	2/3/20	800,000	0	2/3/21	Variable	749	4	
5	Peoples National Bank		X	SBA Payroll Protection Program	4/13/20	244,271	0	4/13/22	0.0100	1,410	5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$ 10,640,771	\$ 8,133,085				\$ 238,971	7
	B. Non-Facility Related											
8					/ /			/ /			8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$ 10,640,771	\$ 8,133,085				\$ 238,971	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.

Facility Name: HERITAGE WOODS OF MANTENO

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	\$ 577,322	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (87,083))	160,115		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	91,221		6
7	Other Prepaid Expenses	59,860		7
8	Accounts Receivable (owners or related parties)	257		8
9	Other(specify): See Page 7 Attachment	14,684		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 903,458	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	229,234		13
14	Buildings, at Historical Cost	7,405,056		14
15	Leasehold Improvements, at Historical Cost	0		15
16	Equipment, at Historical Cost	397,076		16
17	Accumulated Depreciation (book methods)	(3,917,308)		17
18	Deferred Charges	452		18
19	Organization & Pre-Operating Costs	3,044,676		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	(1,919,711)		20
21	Restricted Funds	493,265		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)	\$ 5,732,740	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 6,636,199	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 53,100	\$	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	41,491		30
31	Accrued Taxes Payable	173,339		31
32	Accrued Interest Payable	20,468		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	230,212		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 518,610	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	0		38
39	Mortgage Payable	8,271,854		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)	\$ 8,271,854	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 8,790,463	\$ 0	45
46	TOTAL EQUITY	\$ (2,154,265)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 6,636,199	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF MANTENO

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	\$ 3,915,836	1
2	Discounts and Allowances	(6,423)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,909,413	3
	B. Other Operating Revenue		
4	Special Services	181,769	4
5	Other Health Care Services	0	5
6	Special Grants	553,397	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	3,380	8
9	Non-Resident Meals	786	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 739,332	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	5,002	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 5,002	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	950	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 950	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,654,697	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	830,893	19
20	Health Care/ Personal Care	528,012	20
21	General Administration	973,565	21
	B. Capital Expense		
22	Ownership	1,050,681	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)	\$ 3,383,151	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,271,546	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,271,546	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,661,926	32
33	Private Pay - Net Inpatient Revenue	2,247,487	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,909,413	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	11,900
1102-9976-0-0	A/R-Other	2,784
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		14,684

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	-
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	28,719
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	95
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	49,153
2112-0159-1-0	Medicaid Prepayments	152,245
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		230,212

460423.42

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	402
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	548
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		950