

		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: 1000118

Facility Name: HERITAGE WOODS SOUTH ELGIN

Address: 700 N MCLEAN BLVD SOUTH ELGIN 60177

County: KANE

Telephone Number: (847) 531-8360 Fax # 847 531-8362

Federal Employer ID Number:

Date Current Owners were Certified: 10/18/2012

Type of Ownership:

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

PROPRIETARY
Individual
Partnership
Corporation
"Sub-S" Corp.
X 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 SOUTH ELGIN**

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	182	Single Unit Apartment	182	66,430	1		
2	0	Double Unit Apartment	0	0	2		
3		Other			3		
4	182	TOTALS	182	66,430	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	53,299	9,024		62,323	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	53,299	9,024	0	62,323	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **93.82%**

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

1,110 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 22 (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	
		CASH*	CASH*
	X		

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 SOUTH ELGIN

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	Supplies	Other	Total			
	A. General Services	1	2	3	4	5	6	
1	Dietary and Food Purchase	599,297	415,590	2,241	1,017,128	0	1,017,128	1
2	Housekeeping, Laundry and Maintenance	239,508	70,722	131,733	441,963	0	441,963	2
3	Heat and Other Utilities			250,209	250,209	(52,136)	198,073	3
4	Other (specify):	173,104	0	169,506	342,610	0	342,610	4
5	TOTAL General Services	1,011,909	486,312	553,689	2,051,910	(52,136)	1,999,774	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	1,902,097	34,798	0	1,936,895	0	1,936,895	6
7	Activities and Social Services	123,587	13,725	0	137,312	0	137,312	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	2,025,684	48,523	0	2,074,207	0	2,074,207	9
	C. General Administration							
10	Administrative and Clerical	287,670	88,271	581,372	957,313	(32,811)	924,502	10
11	Marketing Materials, Promotions and Advertising	89,862	20,794	32,288	142,944	0	142,944	11
12	Employee Benefits and Payroll Taxes	0	0	672,330	672,330	0	672,330	12
13	Insurance-Property, Liability and Malpractice	0	0	128,591	128,591	0	128,591	13
14	Other (specify):	0	0	110,917	110,917	(26,034)	84,883	14
15	TOTAL General Administration	377,532	109,065	1,525,498	2,012,095	(58,845)	1,953,250	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	3,415,125	643,900	2,079,187	6,138,212	(110,981)	6,027,231	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			605,896	605,896	0	605,896	17
18	Interest			507,601	507,601	(14,621)	492,980	18
19	Real Estate Taxes			133,006	133,006	0	133,006	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			18,991	18,991	0	18,991	21
22	Other (specify):	0	0	116,445	116,445	0	116,445	22
23	TOTAL Ownership	0	0	1,381,939	1,381,939	(14,621)	1,367,317	23
24	GRAND TOTAL (Sum of lines 16 and 23)	3,415,125	643,900	3,461,126	7,520,151	(125,602)	7,394,548	24

Facility Name: HERITAGE WOODS SOUTH ELGIN

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	6	29.78	2
3	Certified Nurse Assistants	41	16.30	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	18	13.12	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	5	12.98	10
11	Laundry	0	0.00	11
12	Managers	13	24.15	12
13	Other Administrative	5	29.10	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)	89	\$	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	\$ 487,411	1
2			2
Total		\$ 487,411	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS SOUTH ELGIN Report Period Beginning: 01/01/2020 Ending: 12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 2,285,525 Year land was acquired 2007

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	182			2009	\$ 13,843,080	\$ 502,351	27.5	\$ 503,385	\$ 1,034	\$ 4,054,431	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				1,030,154	68,076	15	68,677	601	550,279	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)				\$ 14,873,234	\$ 570,427		\$ 572,062	\$ 1,635	\$ 4,604,710	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	\$ 2,782,296	\$ 35,469	\$ 556,459	520,991	5	\$ 2,632,323	18
19		0	0	0	\$		-	19
20	TOTAL (lines 18 and 19)	\$ 2,782,296	\$ 35,469	\$ 556,459	520,991		\$ 2,632,323	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 SOUTH ELGIN

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	ORIX Real Estate Capital LL		X	FIRST MORTGAGE	12/1/12	\$ 23,713,700	\$ 19,990,228	1/1/48	0.0248	\$ 501,686	1	
2											2	
3											3	
	Working Capital											
4	Peoples National Bank		X	Line of Credit	4/12/20	2,150,000	0	4/12/21	Variable	5,915	4	
5	Peoples National Bank			SBA Payroll Protection Program	4/13/20	705,970	705,970	4/13/22	0.0100	0	5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$ 26,569,670	\$ 20,696,198				\$ 507,601	7
	B. Non-Facility Related											
8					/ /			/ /			8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$ 26,569,670	\$ 20,696,198				\$ 507,601	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 SOUTH ELGIN

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	\$ 1,444,212	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (93,390))	707,434		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	126,387		6
7	Other Prepaid Expenses	30,345		7
8	Accounts Receivable (owners or related parties)	3,014		8
9	Other(specify): See Page 7 Attachment	237,610		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,549,004	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	2,285,525		13
14	Buildings, at Historical Cost	13,843,080		14
15	Leasehold Improvements, at Historical Cost	1,030,154		15
16	Equipment, at Historical Cost	2,782,296		16
17	Accumulated Depreciation (book methods)	(7,237,033)		17
18	Deferred Charges	35		18
19	Organization & Pre-Operating Costs	0		19
20	Accumulated Amortization - Organization & Pre-Operating Costs	0		20
21	Restricted Funds	394,447		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)	\$ 13,098,503	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 15,647,507	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 125,825	\$	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	140,846		30
31	Accrued Taxes Payable	167,210		31
32	Accrued Interest Payable	41,313		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	407,285		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 882,479	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	705,970		38
39	Mortgage Payable	19,591,366		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)	\$ 20,297,336	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 21,179,816	\$ 0	45
46	TOTAL EQUITY	\$ (5,532,308)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 15,647,507	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS SOUTH ELGIN

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	\$ 8,717,093	1
2	Discounts and Allowances	(8,465)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 8,708,628	3
	B. Other Operating Revenue		
4	Special Services	382,708	4
5	Other Health Care Services	0	5
6	Special Grants	670,359	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	5,097	8
9	Non-Resident Meals	470	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 1,058,634	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	14,621	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 14,621	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	4,705	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,705	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 9,786,588	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	2,051,910	19
20	Health Care/ Personal Care	2,074,207	20
21	General Administration	2,012,095	21
	B. Capital Expense		
22	Ownership	1,381,939	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)	\$ 7,520,151	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 2,266,437	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 2,266,437	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 4,833,804	32
33	Private Pay - Net Inpatient Revenue	3,874,824	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 8,708,628	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	233,464
1102-9976-0-0	A/R-Other	4,146
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		237,610
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	39,795
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	10,624
2112-0155-0-0	Reservation Deposit	1,400
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	74,695
2112-0159-1-0	Medicaid Prepayments	280,771
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		407,285

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,975 Call Pendants; NSF Fees; Late Fees
3300-3391-0-0	Property Tax Adjustments	-
3300-3392-0-0	Property Lease Income	2,730 ProHealth Lease
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	4,705
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