

		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: 1000090

Facility Name: HERITAGE WOODS OF YORKVILLE

Address: 242 GREEN BRIAR ROAD YORKVILLE 60560

County: KENDALL

Telephone Number: (630) 882-6502 Fax # 630 882-6504

Federal Employer ID Number:

Date Current Owners were Certified: 12/7/2007

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 OF YORKVILLEReport 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	87	Single Unit Apartment	87	31,755	1
2	0	Double Unit Apartment	0	0	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	20,985	8,545		29,530	5
6	Double Unit				0	6
7	Other				0	7
8	TOTALS	20,985	8,545	0	29,530	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 92.99%

D. Indicate the number of paid bed-hold days the SLF had during this year
453 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 2 **(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? N/A

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 YORKVILLE

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	262,121	181,191	1,401	444,713	0	444,713	1
2	Housekeeping, Laundry and Maintenance	97,287	37,798	42,408	177,493	0	177,493	2
3	Heat and Other Utilities			185,940	185,940	(22,398)	163,542	3
4	Other (specify):	48,016	0	75,687	123,703	0	123,703	4
5	TOTAL General Services	407,424	218,989	305,436	931,849	(22,398)	909,451	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	579,376	14,018	0	593,394	0	593,394	6
7	Activities and Social Services	41,857	3,956	0	45,813	0	45,813	7
8	Other (specify):	0	0	0	0	0	0	8
9	TOTAL Health Care and Programs	621,233	17,974	0	639,207	0	639,207	9
	C. General Administration							
10	Administrative and Clerical	163,812	32,997	284,851	481,660	(20,502)	461,158	10
11	Marketing Materials, Promotions and Advertising	57,092	8,922	31,228	97,242	0	97,242	11
12	Employee Benefits and Payroll Taxes	0	0	273,633	273,633	0	273,633	12
13	Insurance-Property, Liability and Malpractice	0	0	72,820	72,820	0	72,820	13
14	Other (specify):	0	0	120,091	120,091	(69,583)	50,507	14
15	TOTAL General Administration	220,904	41,919	782,623	1,045,446	(90,086)	955,360	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,249,561	278,882	1,088,058	2,616,501	(112,483)	2,504,018	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			233,908	233,908	0	233,908	17
18	Interest			261,056	261,056	(13,295)	247,761	18
19	Real Estate Taxes			84,899	84,899	0	84,899	19
20	Rent -- Facility and Grounds			0	0	0	0	20
21	Rent -- Equipment			11,923	11,923	0	11,923	21
22	Other (specify):	0	0	324,608	324,608	0	324,608	22
23	TOTAL Ownership	0	0	916,394	916,394	(13,295)	903,099	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,249,561	278,882	2,004,452	3,532,895	(125,779)	3,407,117	24

Facility Name: HERITAGE WOODS OF YORKVILLE

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	27.97	2
3	Certified Nurse Assistants	12	16.34	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	12.52	7
8	Dishwashers	0	0.00	8
9	Maintenance Workers	Inc line 12	Inc line 12	9
10	Housekeepers	2	11.30	10
11	Laundry	0	0.00	11
12	Managers	5	28.00	12
13	Other Administrative	3	26.61	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)	31	\$	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	\$ 221,115	1
2			2
Total		\$ 221,115	3

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

Facility Name: HERITAGE WOODS OF YORKVILLE

Report Period Beginning:

01/01/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land 374,340 Year land was acquired 2006

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			2007	\$ 6,732,540	\$ 172,629	40	\$ 168,313	\$ (4,316)	\$ 2,258,566	1
2									0		2
3									0		3
4									0		4
5									0		5
	Improvement Type										
6	Leasehold Improvements				710,307	46,932	15	47,354	421	612,961	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)				\$ 7,442,847	\$ 219,562		\$ 215,667	\$ (3,894)	\$ 2,871,527	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	\$ 1,009,408	\$ 14,346	\$ 201,882	187,536	5	\$ 955,269	18
19	Vehicles	57,178	0	11,436	11,436	5	57,178	19
20	TOTAL (lines 18 and 19)	\$ 1,066,586	\$ 14,346	\$ 213,317	198,971		\$ 1,012,447	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 YORKVILLE

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	ORIX Real Estate Capital LL		X	FIRST MORTGAGE	2/22/12	\$ 8,696,000	\$ 0	3/1/47	0.0340	\$ 232,619	1
2	INB		X	FIRST MORTGAGE	11/30/20	10,500,000	10,500,000	11/30/22	0.0325	28,438	2
3											3
	Working Capital										
4	FIRST MID BANK		X	SBA PAYROLL PROTECTION PROGRAM	4/16/20	256,800	256,800	4/16/22	0.0100	0	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 19,452,800	\$ 10,756,800			\$ 261,056	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 19,452,800	\$ 10,756,800			\$ 261,056	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.

STATE OF ILLINOIS

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Facility Name: HERITAGE WOODS OF YORKVILLE

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	\$ 1,849,724	\$	1
2	Cash-Patient Deposits	0		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance (83,495))	349,732		3
4	Supply Inventory (priced at)	0		4
5	Short-Term Investments	0		5
6	Prepaid Insurance	55,453		6
7	Other Prepaid Expenses	97,096		7
8	Accounts Receivable (owners or related parties)	0		8
9	Other(specify): See Page 7 Attachment	13,242		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,365,247	\$ 0	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable	0		11
12	Long-Term Investments	0		12
13	Land	374,340		13
14	Buildings, at Historical Cost	6,732,540		14
15	Leasehold Improvements, at Historical Cost	710,307		15
16	Equipment, at Historical Cost	1,066,586		16
17	Accumulated Depreciation (book methods)	(3,883,974)		17
18	Deferred Charges	1,607		18
19	Organization & Pre-Operating Costs	0		19
20	Organization & Pre-Operating Costs	0		20
21	Restricted Funds	0		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)	\$ 5,001,407	\$ 0	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 7,366,653	\$ 0	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 54,145	\$	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	63,095		30
31	Accrued Taxes Payable	89,248		31
32	Accrued Interest Payable	0		32
33	Deferred Compensation	0		33
34	Federal and State Income Taxes	0		34
	Other Current Liabilities(specify):			
35	See Page 7 Attachment	178,496		35
36		0		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 384,984	\$ 0	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	256,800		38
39	Mortgage Payable	10,448,749		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)	\$ 10,705,549	\$ 0	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 11,090,533	\$ 0	45
46	TOTAL EQUITY	\$ (3,723,880)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 7,366,653	\$ 0	47

*(See instructions.)

Facility Name: HERITAGE WOODS OF YORKVILLE

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	\$ 4,009,319	1
2	Discounts and Allowances	0	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 4,009,319	3
	B. Other Operating Revenue		
4	Special Services	81,804	4
5	Other Health Care Services	0	5
6	Special Grants	361,140	6
7	Gift and Coffee Shop	0	7
8	Barber and Beauty Care	4,553	8
9	Non-Resident Meals	354	9
10	Laundry	0	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 447,851	11
	C. Non-Operating Revenue		
12	Contributions	0	12
13	Interest and Other Investment Income	13,295	13
14	SUBTOTAL Non-Operating Revenue	\$ 13,295	14
	D. Other Revenue (specify):		
15	See Page 8 Attachment	1,344	15
16		0	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,344	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,471,809	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	931,849	19
20	Health Care/ Personal Care	639,207	20
21	General Administration	1,045,446	21
	B. Capital Expense		
22	Ownership	916,394	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)	\$ 3,532,895	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 938,914	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 938,914	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 1,804,519	32
33	Private Pay - Net Inpatient Revenue	2,204,800	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 4,009,319	37

Balance Sheet PG 7 Other

Balance Sheet

Other Current Assets Detail		Amt
1102-9971-0-0	A/R-Employee Advance	886
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	12,356
1102-9978-0-0	A/R-TIF/Abatement	-
1105-0009-0-0	Transfer Account	-
1105-0012-0-0	Undeposited Funds	-
PG7-9.1		13,242
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	52,254
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	4,332
2112-0155-0-0	Reservation Deposit	6,500
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	22,442
2112-0159-1-0	Medicaid Prepayments	92,968
2112-0159-2-0	Prepaid Medicaid Clearing	-
2112-0159-3-0	Prepaid Rent	-
PG7-35.1		178,496
		356991.58

Income Statement PG 8 Other

Income Statement		
Other Revenue		Amt
3300-3388-0-0	Contract Service-Serv Prov	-
3300-3390-0-0	Other	1,344 Call Pendants; Late fees; NSF fees
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		1,344