

		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: 1000109

Facility Name: PARK POINT SUPPORTIVE LIVING

Address: 1221 SOUTH EDGEWATER MORRIS 60450

County: GRUNDY

Telephone Number: (815) 416-6200 Fax # (815) 416-6201

Federal Employer ID Number:

Date Current Owners were Certified: 06/27/2013

Type of Ownership:

☐

VOLUNTARY, NON-PROFIT

☐

Charitable Corp.

☐

Trust

IRS Exemption Code

☒

PROPRIETARY

☐

Individual

☐

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: KATHLEEN MCNAMARA Telephone Number: (847) 675-3585

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 1/1/2020 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)

(Type or Print Name) MICHAEL STEIN

(Title) MANAGER

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT)

(Print Name and Title) KATHLEEN MCNAMARA
VICE-PRESIDENT

(Firm Name & Address) KBKB, LTD.
6201 W. HOWARD STREET SUITE 201, NILES, IL 607

(Telephone) (847) 675-3585 Fax (847) 675-5777

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 **PARK POINT SUPPORTIVE LIVING****Report Period Beginning: 1/1/2020 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	40	Single Unit Apartment	40	14,640	1		
2	18	Double Unit Apartment	18	6,588	2		
3		Other			3		
4	58	TOTALS	58	21,228	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	5,229	10,037		15,266	5
6	Double Unit	1,098	1,192		2,290	6
7	Other					7
8	TOTALS	6,327	11,229		17,556	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **82.70%**

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

Also, indicate the number of unpaid bed-hold days the SLF had during this year. (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 principal? _____
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 principal? _____
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 principal? _____
If no, explain.

STATE OF ILLINOIS

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Facility Name: PARK POINT SUPPORTIVE LIVING

Report Period Beginning:

1/1/2020

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	198,531	163,627	5,127	367,285		367,285	1
2	Housekeeping, Laundry and Maintenance	70,924	70,601	59,725	201,250		201,250	2
3	Heat and Other Utilities			59,719	59,719	(7,927)	51,792	3
4	Other (specify): Scavenger & Exterminating Service			15,772	15,772		15,772	4
5	TOTAL General Services	269,455	234,228	140,343	644,026	(7,927)	636,099	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	430,450	84,834		515,284		515,284	6
7	Activities and Social Services	33,723	34,851		68,574		68,574	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	464,173	119,685		583,858		583,858	9
	C. General Administration							
10	Administrative and Clerical	251,816	28,531	379,617	659,964	878	660,842	10
11	Marketing Materials, Promotions and Advertising			42,285	42,285		42,285	11
12	Employee Benefits and Payroll Taxes			141,797	141,797		141,797	12
13	Insurance-Property, Liability and Malpractice			27,829	27,829	25,609	53,438	13
14	Other (specify):							14
15	TOTAL General Administration	251,816	28,531	591,528	871,875	26,487	898,362	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	985,444	382,444	731,871	2,099,759	18,560	2,118,319	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					91,990	91,990	17
18	Interest			734	734	205,990	206,724	18
19	Real Estate Taxes					48,940	48,940	19
20	Rent -- Facility and Grounds			540,835	540,835	(540,835)		20
21	Rent -- Equipment			16,178	16,178		16,178	21
22	Other (specify): Mortgage Insurance					45,203	45,203	22
23	TOTAL Ownership			557,747	557,747	(148,712)	409,035	23
24	GRAND TOTAL (Sum of lines 16 and 23)	985,444	382,444	1,289,618	2,657,506	(130,152)	2,527,354	24

Facility Name: PARK POINT SUPPORTIVE LIVING

Report Period Beginning 1/1/2020 Ending: 12/31/2020

V. STAFFING AND SALARY COSTS (Please report each line separately.)

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2	\$ 26.11	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	7	14.08	3
4	Activity Director & Assistants	1	15.00	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	6	12.69	7
8	Dishwashers			8
9	Maintenance Workers	2	14.40	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	1	48.07	13
14	Clerical	1	17.50	14
15	Marketing			15
16	Other Admissions	1	39.42	16
17	Total (lines 1 thru 16)	21	\$ 17.76	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
THE POINTE AT KILPATRICK	CRESTWOOD
PONTIAC SUPPORTIVE LIVING	PONTIAC
CRYSTAL CREEK ASSISTANT LIVING	CANTON, MI
THE POINTE AT JACKSONVILLE,LLC	JACKSONVILLE

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				\$	6

VI. (B) Management fees paid to unrelated parties Amount of Fee

1		\$	1
2			2
Total		\$	3

OTHER RELATED BUSINESS ENTITIES		
Name 3	City 4	Type of Business 5
MORRIS REAL ESTATE	MORRIS	PROPCO

Facility Name: PARK POINT SUPPORTIVE LIVING

Report Period Beginning:

1/1/2020

Ending:

12/31/2020

VIII. OWNERSHIP COSTS

A. Purchase price of land _____ Year land was acquired _____

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	58		2013	2009	\$ 2,674,498	\$ 68,577	39	\$ 68,577		\$ 520,042	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	REROUTE GAS LINE			2014	8,799	225	39	225		1,427	6
7	ROOF NET OF INSURANCE			2014	35,130	901	39	901		5,716	7
8	LANDSCAPING			2015	10,204	680	15	680		3,740	8
9				2015	7,417	190	39	190		990	9
10	AC UNITS			2017	5,540	142	39	142		568	10
11	PLUMBING WORK			2017	16,175	415	39	415		1,660	11
12	FLOORING			2017	27,038	693	39	693		2,772	12
13	AIR CONDITIONING			2018	17,495	449	39	449		1,347	13
14	FLOORING			2018	24,149	619	39	619		1,857	14
15	LANDSCAPING			2018	31,878	2,125	15	2,125		5,067	15
16	FLOORING			2019	30,752	789	39	789		1,151	16
17	TOTAL (lines 1 thru 16)				\$ 2,889,075	\$ 75,805		\$ 75,805		\$ 546,337	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	\$ 451,450	\$ 29,358	\$ 42,812	13,454	10	\$ 320,063	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 451,450	\$ 29,358	\$ 42,812	13,454		\$ 320,063	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

XI. OWNERSHIP COSTS (continued)
 B. Building and Improvement Costs-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	Improvement Type**	3 Year Constructed	4 Cost	5 Current Book Depreciation	6 Life in Years	7 Straight Line Depreciation	8 Adjustments	9 Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 2,889,075	\$ 75,805		\$ 75,805	\$	\$ 546,337	1
2	FLOORING	2020	20,293	238	39	238		238	2
3	INSTALL PANIC BARS IN FRONT LOBBY	2020	3,601	43	39	43		43	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
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17									17
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23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 2,912,969	\$ 76,086		\$ 76,086	\$	\$ 546,618	34

**Improvement type must be detailed in order for the cost report to be considered complete.

Facility Name: PARK POINT SUPPORTIVE LIVING

Report Period Beginning: 1/1/2020

Ending: 2/31/2020

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: N/A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

YES

NO

		1 Year Constructed	2 Number of Units	3 Date of Lease	4 Rental Amount	5 Total Yrs. of Lease	6 Total Years Renewal Option*	
3	Original Building			/ /	\$			3
4	Additions			/ /				4
5				/ /				5
6				/ /				6
7	TOTAL				\$			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	CAMBRIDGE		X	MORTGAGE	5/1/20	\$ 6,001,882	\$ 5,919,686	7/1/49	3.3000	\$ 205,990	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 6,001,882	\$ 5,919,686			\$ 205,990	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 6,001,882	\$ 5,919,686			\$ 205,990	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: **PARK POINT SUPPORTIVE LIVING**Report Period Beginning: **1/1/2020**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	\$ 652,536	\$ 659,091	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	155,609	155,609	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance		15,981	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	1,838	1,838	8
9	Other(specify): ESCROWS		206,133	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 809,983	\$ 1,038,652	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		100,000	13
14	Buildings, at Historical Cost		2,674,498	14
15	Leasehold Improvements, at Historical Cost		238,471	15
16	Equipment, at Historical Cost	6,955	451,450	16
17	Accumulated Depreciation (book methods)	(6,955)	(966,814)	17
18	Deferred Charge Deferred Loan Costs-Net		109,022	18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): GOODWILL NET		2,047,951	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 4,654,578	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 809,983	\$ 5,693,230	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 31,599	\$ 31,599	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	15,504		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	47,716		30
31	Accrued Taxes Payable	4,331	69,331	31
32	Accrued Interest Payable		16,279	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	SBA PPP LOAN	183,800		35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 282,950	\$ 117,209	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		5,919,686	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$ 5,919,686	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 282,950	\$ 6,036,895	45
46	TOTAL EQUITY	\$ 527,033	\$ (343,665)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 809,983	\$ 5,693,230	47

*(See instructions.)

Facility Name: PARK POINT SUPPORTIVE LIVING

Report Period Beginning: 1/1/2020

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	\$ 2,787,051	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,787,051	3
	B. Other Operating Revenue		
4	Special Services	37,317	4
5	Other Health Care Services		5
6	Special Grants		6
7	Gift and Coffee Shop		7
8	Barber and Beauty Care		8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 37,317	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	STIMULUS PAYMENT	281,755	15
16	FOOD STAMP	19,497	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 301,252	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,125,620	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	644,026	19
20	Health Care/ Personal Care	583,858	20
21	General Administration	871,875	21
	B. Capital Expense		
22	Ownership	557,747	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	PRIOR YEAR ADJUSTMENT	(45,430)	26
27	REBILLED SALARIES		27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 2,612,076	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 513,544	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 513,544	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 912,112	32
33	Private Pay - Net Inpatient Revenue	1,874,939	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,787,051	37

PARK POINT SUPPORTIVE LIVING LLC
PAGE 3 COLUMN 5
12/31/2020

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES

LINE 3	CABLE TV-RESIDENT ROOMS	(7,927)
LINE 10	CONTRIBUTIONS	(500)
LINE 17	STRAIGHT LINE DEPRECIATION	(13,454)

RELATED PARTY LANDLORD

LINE 20	RENT	(540,835)
LINE 10	PROFESSIONAL FEES	1,378
LINE 13	INSURANCE-PROPERTY	25,609
LINE 17	DEPRECIATION	105,444
LINE 18	MORTGAGE INTEREST	205,990
LINE 19	REAL ESTATE TAXES	48,940
LINE 22	MORTGAGE INSURANCE	45,203
LINE 24	GRAND TOTAL	(130,152)