

		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: 1000100

Facility Name: Pinnacle Place

Address: 1125 North 5th St Savanna 61074

County: Carroll

Telephone Number: (815) 273-2105 Fax # 815-7)

Federal Employer ID Number:

Date Current Owners were Certified: 6/30/2008

Type of Ownership:

☒

VOLUNTARY, NON-PROFIT

☐

PROPRIETARY

☐

GOVERNMENTAL

☒

Charitable Corp.

☐

Trust

IRS Exemption Code 501c3

☐

Individual

☐

Partnership

☐

Corporation

☐

"Sub-S" Corp.

☐

Limited Liability Co.

☐

Trust

☐

Other

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

Name: Robin Landis

Telephone Number: 815 778-3683

Email Address: rlandis@ahainco.com

II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER

I have examined the contents of the accompanying report to the State of Illinois, for the period from 07/01/2019 to 06/30/2020 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) Robin Landis

(Title) CFO

Paid Preparer

(Signed)

(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 Pinnacle Place

Report Period Beginning: 07/01/2019 Ending: 06/30/2020

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	19	Single Unit Apartment	19	6,954	1
2	2	Double Unit Apartment	2	732	2
3		Other			3
4	21	TOTALS	21	7,686	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	1,843	3,902		5,745	5
6	Double Unit	362	366		728	6
7	Other					7
8	TOTALS	2,205	4,268		6,473	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified
bed days on line 4, column 4.) 84.22%

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

103 Also, indicate the number of unpaid bed-hold days the SLF
had during this year. 51 (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

ACCRAUAL ☒ MODIFIED
CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NO

Tax Year: 06/30/2020 Fiscal Year: 06/30/2020

* 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

Page 3

Facility Name: Pinnacle Place

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

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	33,321	47,466	1,285	82,072		82,072	1
2	Housekeeping, Laundry and Maintenance	25,913	6,826	21,097	53,836		53,836	2
3	Heat and Other Utilities			49,936	49,936	(6,195)	43,741	3
4	Other (specify):							4
5	TOTAL General Services	59,234	54,292	72,318	185,844	(6,195)	179,649	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	158,534	798		159,332		159,332	6
7	Activities and Social Services							7
8	Other (specify):							8
9	TOTAL Health Care and Programs	158,534	798		159,332		159,332	9
	C. General Administration							
10	Administrative and Clerical	36,816	2,287	89,158	128,261	7,692	135,953	10
11	Marketing Materials, Promotions and Advertising			12,435	12,435		12,435	11
12	Employee Benefits and Payroll Taxes			35,974	35,974		35,974	12
13	Insurance-Property, Liability and Malpractice			9,396	9,396		9,396	13
14	Other (specify):							14
15	TOTAL General Administration	36,816	2,287	146,963	186,066	7,692	193,758	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	254,584	57,377	219,281	531,242	1,497	532,739	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			71,589	71,589		71,589	17
18	Interest			24,123	24,123		24,123	18
19	Real Estate Taxes			9,321	9,321		9,321	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	TOTAL Ownership			105,033	105,033		105,033	23
24	GRAND TOTAL (Sum of lines 16 and 23)	254,584	57,377	324,314	636,275	1,497	637,772	24

PINNACLE PLACE
1125 N 5TH ST
SAVANNA IL 61074
FEIN 23-7136038

2020 COST REPORT

SCHEDULE OF RECLASSIFICATION
Page 3, Scheudle IV

	<u>D</u>	<u>C</u>
Line #		
3 Remove resident room portion of cable TV		\$ 6,195
10 Adjustment for related orgs	\$ 6,823	
12 Organizational costs	\$ 869	

Facility Name: Pinnacle Place

Report Period Beginning: 07/01/2019 Ending: 06/30/2020

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses		\$	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	5.77	13.20	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook	1.48	10.82	6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers	.95	13.16	9
10	Housekeepers			10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.00	17.71	13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	9.2	\$ 13.72	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
Winnine Wheels	Prophetstown
STRIVE	Prophetstown
Frontier Hollow	Prophetstown

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
American Health Enterprise	Lyndon	Mgt Company

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).

PINNACLE PLACE
1125 N. 5th St.
Savanna, IL 61074
FIN: 23-7136038

2020 Cost Report

SCHEDULE OF RELATED ORGANIZATION COSTS

Page 4, Schedule VII, Question C

Page 3 Line #	Related Organization	Nature of Expense	Cost per General Ledger	Cost to Related Organization	Difference: Adjustment for Related Organization Cost
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Administrative contract service	74,201		-74,201
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Manager salary		63,693	63,693
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office salaries		4,306	4,306
12	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Employee benefits		5,612	5,612
10	American Health Enterprises 501 6th Ave. W., Lyndon, IL 61261	Home office costs		590	590
	Total Difference: Adjustment for Related Organization Cost				0

Facility Name: Pinnacle Place

Report Period Beginning:

07/01/2019

Ending:

06/30/2020

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	21		1997		\$ 1,155,267	\$ 42,010	28	\$ 42,010		\$ 974,975	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	BUILDING ADDITION			1997	107,843		40				6
7	BUILDING ADDITION			1998	16,500	600	28		(600)		7
8	WATER HEATER			2002	3,357	78	39		(78)		8
9	SEAL PARKING LOT			2002	6,240		15				9
10	CHIMNEY CAPS			2003	984	36	28		(36)		10
11	TUCK POINTING			2003	128,000	4,655	28		(4,655)		11
12	REMODEL BATH			2003	24,893	905	28		(905)		12
13	ROOF			2003	92,377	3,359	28		(3,359)		13
14	CARPET			2006	8,269		7				14
15	ENTRANCE SIGN			2006	1,621	96	5		(96)		15
16	CONTINUE ON PAGE 5				288,322	17,199		17,953	754	197,852	16
17	TOTAL (lines 1 thru 16)				\$ 1,833,673	\$ 68,938		\$ 59,963	\$ (8,975)	\$ 1,172,827	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	\$ 153,443	\$ 2,651	\$ 2,651		9	\$ 141,346	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 153,443	\$ 2,651	\$ 2,651			\$ 141,346	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

SCHEDULE OF PAGE 5, SCHEDULE VIII, SECTION B, LINE 16

			3	4	5	6	7	8	9	
			Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	ASBESTOS REMOVAL		2007	960	57	15	64	7	875	1
2	LOCKS		2008	4,386	259	15	292	33	3,739	2
3	SMOKE DETECTORS		2008	19,522	1,153	15	1,301	148	16,640	3
4	FIRE DOORS		2008	7,843	463	15	523	60	6,685	4
5	FLOORING		2009	700		7		0	700	5
6	WASHERS AND DRYERS		2007	3,685		7		0	3,685	6 XX
7	PLASMA TV		2009	1,050		3		0	1,050	7 XX
8	A/C CONDENSOR		2009	1,020		7		0	1,020	8 XX
9	ICE MACHINE		2009	2,295		7		0	2,295	9 XX
10	WATER HEATER		2009	4,628		7		0	4,628	10 XX
11	PARKING LOT		1997	31,223		15		0	31,223	11 XX
12	REFRIGERATOR		2004	2,799		7		0	2,799	12 XX
13	WATER HEATER		2004	4,214		7		0	4,214	13 XX
14	NURSE CALL SYSTEM		2005	24,971		10		0	24,971	14 XX
15	ZENITH TV		2005	2,845		7		0	2,845	15 XX
16	SLF ASSESSMENT		2008	9,879	583	15	659	76	8,420	16 XX
17	DELL COMPUTER		2008	728		5		0	728	17 XX
18	FLOORING		2010	940		5		0	940	18 XX
19	WHIRLPOOL		2010	8,841		7		0	8,841	19 XX
20	FLOORING		2010	853		5		0	853	20 XX
21	AWNING		2010	2,030	120	15	135	15	1,371	21 XX
22	EROSION CONTROL		2010	7,195	425	15	480	55	5,283	22 XX
23	FLOORING		2010	1,467		5		0	1,467	23 XX
24	FLOORING-DINING ROOM AND FRONT ACTIVITY		2013	5,801	829	7	829	(0)	5,387	24
25	ROOF REPAIRS AROUND ELEVATOR		2013	12,980	865	15	865	0	6,129	25
26	ELEVATOR REPAIRS		2014	2,293	328	7	328	(0)	2,184	26
27	LOCKS AND KEYS		2014	2,633	376	7	376	0	2,445	27
28	APARTMENT FLOORING		2014	1,622	232	7	232	(0)	1,506	28
29	APARTMENT FURNACE		2014	1,422	203	7	203	0	1,303	29
30	APARTMENT FLOORING		2014	1,379	197	7	197	0	1,215	30
31	AIR CONDITIONER		2014	1,327	190	7	190	(0)	1,121	31
32	ELEVATOR REPAIRS		2014	9,171	1,310	7	1,310	0	7,206	32
33	APARTMENT FLOORING		2015	2,019	288	7	288	0	1,586	33
34	APARTMENT FLOORING		2015	1,739	249	7	248	(1)	1,346	34
35	REPLACED COMPRESSOR		2015	1,584	104	7	226	122	896	35
36	SNOWBLOWER		2015	917	113	7	131	18	561	36
37	FLOW TRUCK ACCESSORIES		2015	2,063	74	7	295	221	1,032	37
38	WIRELESS CALL SYSTEM		2015	28,033	4,005	7	4,005	(0)	19,690	38
39	WATER HEATER		2016	5,000	1,000	5	1,000	0	4,000	39
40	CARPET UNIT 205		2017	1,590	227	7	227	0	644	40
41	REPLACED ELEVATOR		2019	58,205	2,910	20	2,910	0	3,638	41
42	REPLACED AC UNIT		2019	4,470	639	7	639	(0)	691	42
43										43
44								0		44
	TOTAL FOR LINE 16 ON PAGE 5			\$ 288,322	\$ 17,199		\$ 17,953	\$ 754	\$ 197,852	

Facility Name: Pinnacle Place

Report Period Beginning: 07/01/2019 Ending: 06/30/2020

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 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	Midland States Bank		x	Mortgage	7/27/04	\$ 744,497	\$ 361,835	2/27/28	3.7700	\$ 24,123	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 744,497	\$ 361,835			\$ 24,123	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 744,497	\$ 361,835			\$ 24,123	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

Page 7

Facility Name: Pinnacle Place

Report Period Beginning: 07/01/2019

Ending:

06/30/2020

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 06/30/2020

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 13,560	\$	1
2	Cash-Patient Deposits	3,871		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	23,365		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,504		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)	(70,633)		8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ (18,333)	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost	1,833,673		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	153,443		16
17	Accumulated Depreciation (book methods)	(1,314,173)		17
18	Deferred Charges			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):			23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 672,943	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 654,610	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 287,354	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	3,871		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	13,450		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 304,675	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	361,835		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)	\$ 361,835	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 666,510	\$	45
46	TOTAL EQUITY	\$ (11,900)	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 654,610	\$	47

*(See instructions.)

Facility Name: Pinnacle Place

Report Period Beginning: 07/01/2019

Ending:

06/30/2020

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	\$ 624,286	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 624,152	3
	B. Other Operating Revenue		
4	Special Services		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)	\$	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	33	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 33	14
	D. Other Revenue (specify):		
15	Transportation	190	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 190	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 624,375	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	185,844	19
20	Health Care/ Personal Care	159,332	20
21	General Administration	193,758	21
	B. Capital Expense		
22	Ownership	105,033	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)	\$ 643,967	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ (19,592)	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ (19,592)	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 246,804	32
33	Private Pay - Net Inpatient Revenue	365,060	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Food Stamps</u>	12,288	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 624,152	37