

		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: 1000006

Facility Name: St Francis Woods

Address: 3507 North MolleckPeoria61604

County: Peoria

Telephone Number: (309) 688-0093 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 2004

Type of Ownership:

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

X 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: Larry Templin Telephone Number: (630) 361-2868
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 1/1/20 to 12/31/20 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)
(Title)

Paid Preparer

(Signed) SEE ACCOUNTANT'S COMPILATION REPORT
(Date)
(Print Name and Title) Larry Templin Partner
(Firm Name & Address) Templin Healthcare Accounting Services, LLP P.O. Box 326, Plainfield, IL 60544-0326
(Telephone) (630) 361-2868 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

III. STATISTICAL DATA

A. Certified units; enter number of units and unit days

Date of change in certified units N/A

	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	92	Single Unit Apartment	92	33,672	1
2		Double Unit Apartment			2
3		Other			3
4	92	TOTALS	92	33,672	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	27,145	2,885		30,030	5
6	Double Unit					6
7	Other					7
8	TOTALS	27,145	2,885		30,030	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 89.18%

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

72 Also, indicate the number of unpaid bed-hold days the SLF had during this year. None (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)

None

H. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/20 Fiscal Year: 12/31/20

* 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? No
If no, explain. N/A

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? N/A
If no, explain. N/A

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? N/A
If no, explain. N/A

STATE OF ILLINOIS

Facility Name: St Francis Woods

Report Period Beginning:

1/1/20

Ending:

Page 3

12/31/20

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	148,901	213,014	3,816	365,731	(153)	365,578	1
2	Housekeeping, Laundry and Maintenance	108,761	31,199	88,962	228,922	8,570	237,492	2
3	Heat and Other Utilities			134,730	134,730		134,730	3
4	Other (specify): Trash Expense			14,449	14,449		14,449	4
5	TOTAL General Services	257,662	244,213	241,957	743,832	8,417	752,249	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	549,713	14,414	14,844	578,971		578,971	6
7	Activities and Social Services	19,085		9,174	28,259		28,259	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	568,798	14,414	24,018	607,230		607,230	9
	C. General Administration							
10	Administrative and Clerical	261,549	4,981	289,631	556,161	(185,826)	370,335	10
11	Marketing Materials, Promotions and Advertising	28,210	412	31,002	59,624		59,624	11
12	Employee Benefits and Payroll Taxes			265,234	265,234		265,234	12
13	Insurance-Property, Liability and Malpractice			51,303	51,303		51,303	13
14	Other (specify):							14
15	TOTAL General Administration	289,759	5,393	637,170	932,322	(185,826)	746,496	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,116,219	264,020	903,145	2,283,384	(177,409)	2,105,975	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					192,652	192,652	17
18	Interest			1,540	1,540	299,959	301,499	18
19	Real Estate Taxes			109,980	109,980		109,980	19
20	Rent -- Facility and Grounds			588,619	588,619	(588,619)		20
21	Rent -- Equipment			4,579	4,579		4,579	21
22	Other (specify): See Attached Schedule I			500	500	76,460	76,960	22
23	TOTAL Ownership			705,218	705,218	(19,548)	685,670	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,116,219	264,020	1,608,363	2,988,602	(196,957)	2,791,645	24

Facility Name: St Francis Woods

Report Period Beginning 1/1/20 Ending: 12/31/20

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	4.25	\$ 26.76	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	11.00	12.59	3
4	Activity Director & Assistants	0.75	13.54	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	5.25	13.30	7
8	Dishwashers			8
9	Maintenance Workers	1.75	15.64	9
10	Housekeepers	1.75	13.01	10
11	Laundry			11
12	Managers	1.00	32.18	12
13	Other Administrative	0.50	82.17	13
14	Clerical	3.25	16.55	14
15	Marketing	0.75	18.03	15
16	Other			16
17	Total (lines 1 thru 16)	30.25	\$ 17.29	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
Forest Ridge Senior Living, LLC	Woodland Park, Colorado

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	Lorie Schleicher	None	20	\$ 85,453	1
2					2
3					3
4					4
5					5
Total				\$ 85453	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	None	\$ 1
2		2
Total		\$ 3

OTHER RELATED BUSINESS ENTITIES

Name 3	City 4	Type of Business 5
St. Francis Woods Management LLC	Peoria, IL	Management Co
Midstates Senior Living LLC	Woodland Park, CO	Management Co
Forest Ridge Property LLC	Woodland Park, CO	Lessor
RCS St Francis Woods Property LLC	Peoria, IL	Lessor

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: St Francis Woods Management LLC If yes, what is the value of those services? \$ Undetermined (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).

VIII. OWNERSHIP COSTS

A. Purchase price of land 760,000 Year land was acquired 2003

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	68		2003	1979	\$ 2,827,265	\$	28	\$ 100,974	\$ 100,974	\$ 1,666,056	1
2	24		2005	2005	1,300,000		28	46,429	46,429	673,207	2
3											3
4											4
5											5
	Improvement Type										
6	Dining Room Chairs			2009	10,454		7			10,454	6
7	ADA Restrooms			2010	16,320		7			16,320	7
8	Emergency Call System			2011	42,500		7			42,500	8
9	Sprinkler System			2011	200,000		7			200,000	9
10	HVAC			2013	10,108		7	722	722	10,108	10
11	Hot Water Heater			2013	9,887		7	709	709	9,887	11
12	New Flooring Common Area			2014	10,300		7	1,471	1,471	9,561	12
13	Nurses Station			2014	8,380		7	1,197	1,197	6,034	13
14	HVAC			2015	13,640		7	1,949	1,949	8,769	14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 4,448,854	\$		\$ 153,451	\$ 153,451	\$ 2,652,896	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	\$ 132,125	\$	\$ 18,875	18,875	7	\$ 85,314	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 132,125	\$	\$ 18,875	18,875		\$ 85,314	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	N/A	\$	\$	\$	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	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 5, Carried Forward		\$ 4,448,854	\$		\$ 153,451	\$ 153,451	\$ 2,652,896	1
2									2
3	Carpet	2016	97,037		20	4,852	4,852	21,834	3
4	Painting Interior and Exterior	2016	54,887		20	2,744	2,744	12,348	4
5	Parking Lot	2016	5,400		20	270	270	1,215	5
6	Security System	2016	5,924		20	296	296	1,332	6
7	Kitchen/Hall Remodel	2016	19,658		20	983	983	4,423	7
8	Carpeting Throughout Facility	2017	34,702		20	1,735	1,735	6,940	8
9	Electrical-Kitchen/Hallways	2017	18,815		20	941	941	3,764	9
10	Landscaping	2017	15,326		20	766	766	3,064	10
11	Hot Water Heater	2017	10,636		20	532	532	2,128	11
12	PTAC Units	2017	3,191		20	160	160	640	12
13	Kitchen Plumbing/Coffee Bar	2017	9,520		20	476	476	1,904	13
14	Carpeting	2018	15,971		20	799	799	1,997	14
15	Water Heater	2018	11,912		20	596	596	1,490	15
16	Nurse Call System	2018	54,250		20	2,713	2,713	6,782	16
17	Carpet/Flooring	2020	15,872		20	397	397	397	17
18	Parking Lot Lights	2020	12,500		20	313	313	313	18
19	Sidewalks	2020	31,600		20	790	790	790	19
20	Shower Remodel	2020	16,837		20	421	421	421	20
21	Beauty Salon Flooring	2020	4,480		20	112	112	112	21
22	Replace Gutters	2020	17,217		20	430	430	430	22
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)		\$ 4,904,589	\$		\$ 173,777	\$ 173,777	\$ 2,725,220	34

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

Facility Name: St Francis Woods

Report Period Beginning: 1/1/20

Ending: 12/31/20

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	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			/ /	\$ N/A			3	9. Rental amount for movable equipment \$ N/A
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	
									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	PGIM		X	Mortgage	7/19/19	8,103,600	7,950,410	8/1/54	0.0375	300,141	1
2	Capital Partners Group		X	Capital Lease	1/30/18	54,250		1/30/21	0.0845	909	2
3					/ /			/ /			3
	Working Capital										
4	Central Bank Illinois		X	Line of Credit	1/25/16	500,000		1/20/19	Prime + .5%	631	4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 8,657,850	\$ 7,950,410			\$ 301,681	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /		Offset Int Inc	/ /		(182)	9
10	TOTALS (lines 7, 8 and 9)					\$ 8,657,850	\$ 7,950,410			\$ 301,499	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: St Francis Woods

Report Period Beginning: 1/1/20

Ending:

12/31/20

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/20

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 259,460	\$ 263,564	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 45,000)	199,989	199,989	3
4	Supply Inventory (priced Cost)	15,000	15,000	4
5	Short-Term Investments			5
6	Prepaid Insurance	3,263	37,607	6
7	Other Prepaid Expenses	10,499	10,499	7
8	Accounts Receivable (owners or related parties)	112,990	(8,124)	8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 601,201	\$ 518,535	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		760,000	13
14	Buildings, at Historical Cost		4,127,265	14
15	Leasehold Improvements, at Historical Cost	98,506	777,324	15
16	Equipment, at Historical Cost	3,988	132,125	16
17	Accumulated Depreciation (book methods)		(2,810,534)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds		250,458	21
22	Other Long-Term Assets Loan Costs, net		189,801	22
23	Other(specify): Deposits	1,711	1,711	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 104,205	\$ 3,428,150	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 705,406	\$ 3,946,685	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 47,561	\$ 47,561	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	65,408	65,408	30
31	Accrued Taxes Payable	115,925	115,925	31
32	Accrued Interest Payable		24,845	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Accrued Rent	173,381		35
36	Deferred Revenue	32,863	32,863	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 435,138	\$ 286,602	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		7,950,410	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)	\$	\$ 7,950,410	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 435,138	\$ 8,237,012	45
46	TOTAL EQUITY	\$ 270,268	\$ (4,290,327)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 705,406	\$ 3,946,685	47

*(See instructions.)

Facility Name: St Francis Woods

Report Period Beginning: 1/1/20

Ending:

12/31/20

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	\$ 3,530,638	1
2	Discounts and Allowances	1,029	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,531,667	3
	B. Other Operating Revenue		
4	Special Services		4
5	Other Health Care Services		5
6	Special Grants	259,703	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)	\$ 259,703	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	131	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 131	14
	D. Other Revenue (specify):		
15	See Attached Schedule I	26,715	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 26,715	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,818,216	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	743,832	19
20	Health Care/ Personal Care	607,230	20
21	General Administration	932,322	21
	B. Capital Expense		
22	Ownership	705,218	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)	\$ 2,988,602	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 829,614	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 829,614	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 3,040,319	32
33	Private Pay - Net Inpatient Revenue	325,813	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>Food Stamps</u>	165,535	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,531,667	37

Period Beginning 1/1/2020
Period End 12/31/2020

Schedule I

IV. Cost Center Expenses
Line 22 Other

	Amount
Amortization Expense	6,174
Mortgage Preimum Insurance	70,786
TOTAL	76,960

XII. Income Statement
Line 15 Other Revenue

	Amount	
Vending Income	153	Offset Against Food Expense
NSF Check Fee	34	Offset Against Bank Fees
Miscellaneous Income	240	Offset Against Office Supplies
Insurance Proceeds	26,288	
TOTAL	26,715	

Adjustment Detail

Line	Description	Amount
	1 Offset Vending Income Against Food	(153)
	10 Offset NSF Fee Income Against Bank Fees	(34)
	10 Offset Miscellaneous Income Against Office Supplies	(240)
	10 Disallow Management Fees	(162,485)
	10 Disallow Bad Debt Expense	(28,371)
	10 Disallow Late Fees and Finance Charges	(257)
	17 Adjust Depreciation to Medicaid Basis	30,652
	18 Offset Interest Income Against Expense	(131)
	See Att Sch II Related Party Lessor net	(35,938)
	Total Adjustments	(196,957)

VI. (A) STATEMENT OF COMPENSATION AND OTHER PAYMENTS TO OWNERS,
RELATIVES AND MEMBERS OF THE BOARD OF DIRECTORS.

As of 1/1/16, Robert Schleicher owned 81.5406% of St Francis Woods and Nancy Lee-McQuillan owned 18.4594%. During January 2016, Robert Schleicher purchased Nancy Lee-McQuillan's ownership and is now 100% owner.

VII. RELATED ORGANIZATIONS

St Francis Woods Management LLC provides overall operational and financial management to St Francis Woods.

Period Beginning 1/1/20
Period End 12/31/20

ATTACHED SCHEDULE II

		Related Party Cost Adjustment	
		Facility Rent	
		RCS St Francis Woods Property LLC	
Line	Cost to Related Party Lessor:		
	10 Repairs and Maintenance		8,570
	10 Accounting Fees		5,500
	10 Bank Charges		61
	17 Depreciation		162,000
	18 Interest on Mortgage (net of Interest Income)		300,090
	22 Mortgage Insurance		70,786
	22 Amortization of Loan Costs		5,674
			552,681
	20 Cost Per General Ledger - Facility Rent		(588,619)
			(35,938)