

		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: 1000071

Facility Name: Villa Catherine

Address: 1070 6th Street Carlyle 62231

Number City Zip Code

County: Clinton

Telephone Number: (618-) 594-8383 Fax # 618 594-8384

Federal Employer ID Number:

Date Current Owners were Certified: 01/09/2007

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT

☐ Charitable Corp.

☐ Trust

IRS Exemption Code

☒ PROPRIETARY

☐ Individual

☐ Partnership

☒ Corporation

☐ "Sub-S" Corp.

☐ Limited Liability Co.

☐ Trust

☐ Other

☐ GOV

☐ State

☐ County

☐ Other

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

Name: Dave Reis Telephone Number: (217 228-1950

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) Jamie Loepker

(Title) Supportive Living Manager

Paid Preparer

(Signed) (Date)

(Print Name and Title) David Reis President

(Firm Name & Address) WDM Support Services 1900 Harrison Street Quincy, IL 62301

(Telephone) 217) 228-1950 Fax 217-222-6053

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

Report Period Beginning: 01/01/2020 Ending: 12/31/2020

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

/ /

E. Does page 3 include expenses for services or investments not directly related to SLF services?

YES ☐ **NO** ☒

YES ☒ NO ☐

(E.g., day care, "meals on wheels", outpatient therapy)

MODIFIED

ACCRUAL	X	CASH*		CASH*	
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Tax Year: **2020** **Fiscal Year:**

*** All facilities other than governmental must report on the accrual basis.**

outstanding?	N/A	If yes, did the facility make all of the
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required payments of interest and principal?

If no, explain.

N/A	If yes, did the facility make all of the
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required payments of interest and principal?

If no, explain.

Economic Opportunity outstanding?	If yes, did the facility
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make all of the required payments of interest and principal?

If no, explain.

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110 Also, indicate the number of unpaid bed-hold days the SLF

had during this year. **(Do not include bed-hold days in Section B.)**

STATE OF ILLINOIS

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Facility Name: Villa Catherine

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		37,577	1,543	39,120		39,120	1
2	Housekeeping, Laundry and Maintenance	9,795	4,849	5,257	19,901		19,901	2
3	Heat and Other Utilities			22,528	22,528		22,528	3
4	Other (specify):							4
5	TOTAL General Services	9,795	42,426	29,328	81,549		81,549	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	215,995	257	6,694	222,946		222,946	6
7	Activities and Social Services		484		484		484	7
8	Other (specify): beauty barber			592	592	(592)		8
9	TOTAL Health Care and Programs	215,995	741	7,286	224,022	(592)	223,430	9
	C. General Administration							
10	Administrative and Clerical	26,216	2,284	18,156	46,656		46,656	10
11	Marketing Materials, Promotions and Advertising			920	920		920	11
12	Employee Benefits and Payroll Taxes			29,952	29,952		29,952	12
13	Insurance-Property, Liability and Malpractice			14,139	14,139		14,139	13
14	Other (specify):							14
15	TOTAL General Administration	26,216	2,284	63,167	91,667		91,667	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	252,006	45,451	99,781	397,238	(592)	396,646	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			52,834	52,834		52,834	17
18	Interest			39,721	39,721		39,721	18
19	Real Estate Taxes			21,303	21,303		21,303	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): transportation			39	39		39	22
23	TOTAL Ownership			113,897	113,897		113,897	23
24	GRAND TOTAL (Sum of lines 16 and 23)	252,006	45,451	213,678	511,135	(592)	510,543	24

Facility Name: Villa Catherine

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	1	\$ 27.05	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	1	14.63	3
4	Activity Director & Assistants	1	14.63	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	1	14.63	7
8	Dishwashers			8
9	Maintenance Workers	1	15.65	9
10	Housekeepers	1	14.63	10
11	Laundry			11
12	Managers	1	26.20	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	7	\$ 18.20	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
Carlyle Healthcare Center	Carlyle
St Vincent's Home	Quincy
Clinton Manor	New Baden

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
WDM Health Services Inc.	Quincy	Management

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).

Facility Name: Villa Catherine

Report Period Beginning:

01/01/2020

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	17		2007	2006	\$ 1,302,304	\$ 47,469	28	\$ 47,469	\$	\$ 664,347	1
2											2
3											3
4					#						4
5					#						5
	Improvement Type			#							
6	Land Improvements			2007	14,167	873	15	873		12,187	6
7	New Roof			2020	35,000	# 1,312	20	1,312		1,312	7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 1,351,471	\$ 49,654		\$ 49,654	\$	\$ 677,846	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	\$ 82,988	\$ 3,180	\$ 3,180	\$	8	\$ 58,123	18
19	Vehicles		#					19
20	TOTAL (lines 18 and 19)	\$ 82,988	# 3,180	\$ 3,180	\$		\$ 58,123	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: Villa Catherine

Report Period Beginning: 01/01/2020 Ending: 2/31/2020

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				\$			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	First National Bank of Carlyle		X	Mortgage	4/1/17	\$ 3,013,000	\$ 2,172,277	4/16/22	4.8500	\$ 39,696	1	
2					/ /			/ /		** see notes	2	
3					/ /			/ /			3	
	Working Capital											
4					/ /			/ /			4	
5					/ /			/ /			5	
6					/ /			/ /			6	
7	TOTAL Facility Related					\$ 3,013,000	\$ 2,172,277				\$ 39,696	7
	B. Non-Facility Related											
8					/ /			/ /			8	
9					/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$ 3,013,000	\$ 2,172,277				\$ 39,696	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.

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Facility Name: Villa Catherine

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	\$	\$ 2,087,726	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	107,912	889,854	3
4	Supply Inventory (priced at)		25,030	4
5	Short-Term Investments		329,612	5
6	Prepaid Insurance		54,527	6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 107,912	\$ 3,386,749	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	160,000	288,950	13
14	Buildings, at Historical Cost	1,351,471	7,053,002	14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	82,988	2,288,253	16
17	Accumulated Depreciation (book methods)	(735,969)	(5,818,114)	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)	\$ 858,490	\$ 3,812,091	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 966,402	\$ 7,198,840	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$	\$ 195,406	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable		295,447	29
30	Accrued Salaries Payable	8,624	247,912	30
31	Accrued Taxes Payable		119,587	31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes		(30,000)	34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 8,624	\$ 828,352	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	434,455	2,826,324	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)	\$ 434,455	\$ 2,826,324	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 443,079	\$ 3,654,676	45
46	TOTAL EQUITY	\$ 523,323	\$ 3,544,164	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 966,402	\$ 7,198,840	47

*(See instructions.)

Facility Name: Villa Catherine

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	\$ 603,271	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 603,271	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	930	8
9	Non-Resident Meals		9
10	Laundry		10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ 930	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			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 604,201	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	81,549	19
20	Health Care/ Personal Care	224,022	20
21	General Administration	91,667	21
	B. Capital Expense		
22	Ownership	113,897	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)	\$ 511,135	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 93,066	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 93,066	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 503,520	32
33	Private Pay - Net Inpatient Revenue	99,751	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 603,271	37

Interest expense is based on a allocation of the current interest rate on the portion of the debt of the supportive living facility.

Page 4 Schedule VII A

Sue Gray c wnes50% Carlyle Healthcare I
Ann Reis c wnes45% Carlyle Healthcare I
Chris Reis ownes 5% of Carlyle Healthcare Inc.
Ann Reis ownes 25 % of Clinton Manor Living Center Inc. New Baden, Il

Carlyle Healthcare ownes 100% of Villa Catherine Assisted Living a division of Carlyle Healthcare
Carlyle Healthcare ownes 100% of Villa Catherine Supportive Living a division of Carlyle Healthcare
Carlyle Healthcare ownes 100% of Catherine Kasper Village a division of Carlyle Healthcare

Carlyle Healthcare ownes 100% of St. Vincents Home Inc.
Carlyle Healthcare ownes 100% of St.Vincents Home Inc.-Casista Catherine Assisted Living
Carlyle Healthcare ownes 100% of St. Vincents Home Inc.-Catherine Kasper Village
Carlyle Healthcare ownes 100% of St. Vincents Home Inc.-Catherine Kasper Community Center

Sue Gray wnes50% of WDM Health Services Inc.
Ann Reis wnes 50%of Wdm Health Services Inc.
No owner salaries are reflected in page 3

Page 4 Schedule VII C

Carlyle Healtcare provides at cost a service for laundry,maint.and refuse disposal.
Carlyle Hearthcare sells to Vil to Villa Catherine fo and ADM fees

Carlyle Healthcare Costs		Supportive Living Costs
Laundry Fee	1080	1080
Maintenance service	9795	9795
Refuse Disposal	4177	4177
Administrative fees	5300	5300

Page 3 line 13 Property Taxes are based on actual assessed value of the propertyby the county. See attached copies for details.

Schedule IV adjustments

line 8 is reduced by Beauty/barber income