

		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: 1000098

Facility Name: WOODRIDGE SL RES OF GENESEO

Address: 620 OLIVIA COURT GENESEO 61254

County: HENRY

Telephone Number: (847) 679-8219 Fax # 847) 679-7377

Federal Employer ID Number:

Date Current Owners were Certified: 07/02/2008

Type of Ownership:

VOLUNTARY, NON-PROFIT Charitable Corp. Trust

X PROPRIETARY Individual Partnership Corporation "Sub-S" Corp. X Limited Liability Co. Trust Other

GOVERNMENTAL State County Other

IRS Exemption Code

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)
(Date)

(Type or Print Name) MARSHALL MAUER

(Title) TREASURER

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT)
(Date)

(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

Facility Name **WOODRIDGE SL RES OF GENESEO**

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

11 / 11

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	52	Single Unit Apartment	52	19,032	1		
2	8	Double Unit Apartment	8	2,928	2		
3		Other			3		
4	60	TOTALS	60	21,960	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	4,302	15,522		19,824	5
6	Double Unit		363		363	6
7	Other					7
8	TOTALS	4,302	15,885		20,187	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 91.93%

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: WOODRIDGE SL RES OF GENESEO

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	119,851	156,524	507	276,882	(1,928)	274,954	1
2	Housekeeping, Laundry and Maintenance	57,911	42,545	6,065	106,521		106,521	2
3	Heat and Other Utilities			82,444	82,444		82,444	3
4	Other (specify): Scavenger & Exterminating Services			5,449	5,449		5,449	4
5	TOTAL General Services	177,762	199,069	94,465	471,296	(1,928)	469,368	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	396,625	24,419		421,044		421,044	6
7	Activities and Social Services	44,984	2,226		47,210		47,210	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	441,609	26,645		468,254		468,254	9
	C. General Administration							
10	Administrative and Clerical	128,797	6,594	143,049	278,440	11,732	290,172	10
11	Marketing Materials, Promotions and Advertising			4,503	4,503		4,503	11
12	Employee Benefits and Payroll Taxes			167,572	167,572		167,572	12
13	Insurance-Property, Liability and Malpractice			9,350	9,350	6,906	16,256	13
14	Other (specify):							14
15	TOTAL General Administration	128,797	6,594	324,474	459,865	18,638	478,503	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	748,168	232,308	418,939	1,399,415	16,710	1,416,125	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			4,180	4,180	89,255	93,435	17
18	Interest			245	245	46,601	46,846	18
19	Real Estate Taxes					143,981	143,981	19
20	Rent -- Facility and Grounds			365,000	365,000	(365,000)		20
21	Rent -- Equipment			13,664	13,664		13,664	21
22	Other (specify): Mortgage Insurance					23,392	23,392	22
23	TOTAL Ownership			383,089	383,089	(61,771)	321,318	23
24	GRAND TOTAL (Sum of lines 16 and 23)	748,168	232,308	802,028	1,782,504	(45,061)	1,737,443	24

Facility Name: WOODRIDGE SL RES OF GENESEO

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	1.00	\$ 22.13	1
2	Licensed Practical Nurses	2.00	19.45	2
3	Certified Nurse Assistants	10.00	12.74	3
4	Activity Director & Assistants	2.00	11.59	4
5	Social Service Workers			5
6	Head Cook	1.00	11.40	6
7	Cook Helpers/Assistants	4.00	11.22	7
8	Dishwashers			8
9	Maintenance Workers	1.00	14.50	9
10	Housekeepers	1.00	10.98	10
11	Laundry			11
12	Managers	1.00	36.57	12
13	Other Administrative			13
14	Clerical	1.00	21.50	14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	24.00	\$ 17.20	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
WOODRIDGE OF GALESBURG	GALESBURG
SEE ATTACHED	

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	MARSHALL MAUER		1.5	\$ 9,406	1
2	DANIEL AARON		0.25	1,077	2
3					3
4					4
5					5
Total				\$ 10,483	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
SEE ATTACHED	SEE ATTACHED	

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: DYNAMIC HEALTHCARE CONSULTANTS If yes, what is the value of those services? \$ 139,616

(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: WOODRIDGE SL RES OF GENESEO

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			2008	2008	\$ 4,064,630	\$ 105,434	39	\$ 105,434	\$	\$ 1,639,041	1
2											2
3	RELATED PARTY				13,585			388	388	8,874	3
4											4
5											5
	Improvement Type										
6	PLUMBING WORK			2010	2,938	107	27.5	107		1,083	6
7	DOOR			2011	1,925	70	27.5	70		674	7
8	CARPENTRY AND LABOR			2011	6,219	226	27.5	226		2,081	8
9	REPAIR WALLPAPER			2012	1,122	41	27.5	41		258	9
10	SIDEWALK			2012	11,344	378	15.0	378		9,263	10
11	LANDSCAPING			2013	4,553	304	15.0	304		2,153	11
12	WINDOW TREATMENTS/DECORATING			2013	5,463	199	27.5	199		1,458	12
13	DATA WIRING/DVR'S			2013	3,507	203	27.5	203		1,328	13
14	SPRINKLER REPAIRS, OFFSET TRAP SUPPLY			2013	3,620	57	27.5	57		573	14
15	NURSE CALL PAGERS,PENDANT,WIRELESS CONNE			2014	19,320	703	27.5	703		5,226	15
16	ALARM, WATER HEATER, SOFTENER, GRAVEL PAI			2015	23,371	907	27.5	907		5,081	16
17	TOTAL (lines 1 thru 16)				\$ 4,161,597	\$ 108,629		\$ 109,017	\$ 388	\$ 1,677,093	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	\$ 344,313	\$ 8,015	\$ 32,594	24,579	10	\$ 311,019	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)		\$ 8,015	\$ 32,594	24,579		\$ 311,019	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		\$ 4,161,597	\$ 108,629		\$ 109,017	\$ 388	\$ 1,677,093	1
2	KITCHEN FLOORING	2017	7,680	279	27.5	279		977	2
3	INSTALL NEW CAMERA SYSTEM	2018	3,784	138	27.5	138		374	3
4	ACTIVITY ROOM REMODEL	2018	4,495	863	5	863		3,200	4
5	MECHANICAL ROOM FIX ALL LEAKS	2020	5,430	90	27.5	90		90	5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
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19									19
20									20
21									21
22									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)		\$ 4,182,986	\$ 109,999		\$ 110,387	\$ 388	\$ 1,681,734	34

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

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			/ /	\$			3	9. Rental amount for movable equipment \$
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 BANK		X	MORTGAGE	4/9/14	\$ 4,089,500	\$ 3,557,978	5/1/44	4.0000	\$ 143,981	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 4,089,500	\$ 3,557,978			\$ 143,981	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 4,089,500	\$ 3,557,978			\$ 143,981	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: WOODRIDGE SL RES OF GENESEO

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	\$ 97,448	\$ 252,716	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 12,719)	154,811	154,811	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	11,682	24,501	6
7	Other Prepaid Expenses	908	98	7
8	Accounts Receivable (owners or related parties)	401,494	401,494	8
9	Other(specify): ESCROWS		147,121	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 666,343	\$ 980,740	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		251,148	13
14	Buildings, at Historical Cost		4,064,630	14
15	Leasehold Improvements, at Historical Cost	104,771	104,771	15
16	Equipment, at Historical Cost	58,670	344,313	16
17	Accumulated Depreciation (book methods)	(71,848)	(1,607,357)	17
18	Deferred Charge Deferred Loan Costs-Net		90,134	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): Security Deposit	3,000	3,000	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 94,593	\$ 3,250,639	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 760,936	\$ 4,231,379	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 73,277	\$ 73,277	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable	100,000	193,673	29
30	Accrued Salaries Payable	87,371	87,371	30
31	Accrued Taxes Payable	3,004	54,004	31
32	Accrued Interest Payable		11,860	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	INTERCOMPANY PAYABLE	88,310	541,711	35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 351,962	\$ 961,896	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		3,464,306	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)	\$	\$ 3,464,306	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 351,962	\$ 4,426,201	45
46	TOTAL EQUITY	\$ 408,974	\$ (194,822)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 760,936	\$ 4,231,379	47

*(See instructions.)

Facility Name: WOODRIDGE SL RES OF GENESEO

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	\$ 2,027,626	1
2	Discounts and Allowances	(63,509)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 1,964,117	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	3,066	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 3,066	14
	D. Other Revenue (specify):		
15	FOOD STAMPS		15
16	STIMULUS PAYMENT	41,219	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 41,219	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 2,008,402	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	471,296	19
20	Health Care/ Personal Care	468,254	20
21	General Administration	459,865	21
	B. Capital Expense		
22	Ownership	383,089	22
	C. Other Expenses		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26	PRIOR YEAR ADJUSTMENT	(4,823)	26
27			27
28	TOTAL EXPENSES (sum of lines 19 thru 27)	\$ 1,777,681	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 230,721	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 230,721	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 459,572	32
33	Private Pay - Net Inpatient Revenue	1,568,054	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 2,027,626	37

WOODBIDGE OF GENESEO
RELATED HEALTHCARE ENTITIES

NAME	CITY
BRADLEY	BRADLEY
BRIDGEVIEW HEALTHCARE CENTER	BRIDGEVIEW
GROSSE POINT	NILES
OTTAWA PAVILION	OTTAWA
PARK RIDGE	PARK RIDGE
STERLING PAVILION	STERLING
WATERFRONT TERRACE	CHICAGO
WILLOW CREST	SANDWICH
WINDMILL NURSING PAVILION	SOUTH HOLLAND
WOODBIDGE	CHICAGO

OTHER RELATED BUSINESSES

DYNAMIC HEALTHCARE CONSULTANTS	SKOKIE	BOOKKEEPING
SEASONS HOSPICE	PARK RIDGE	HOSPICE
NORTHWEST ILLINOIS HOLDINGS	SKOKIE	REALTY

WOODBIDGE OF GENESEO LLC
12/31/2020

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES

LINE 1	SALES TAX ON FOOD	(1,928)
LINE 10	PENALTIES	(468)
LINE 17	STRAIGHT LINE DEPRECIATION	(24,579)
LINE 18	INTEREST INCOME	(3,066)

RELATED PARTY LANDLORD

LINE 20	RENT	(365,000)
LINE 10	PROFESSIONAL FEES	12,200
LINE 13	INSURANCE-PROPERTY	6,906
LINE 17	DEPRECIATION	113,834
LINE 18	MORTGAGE INTEREST	143,981
LINE 19	REAL ESTATE TAXES	49,667
LINE 22	MORTGAGE INSURANCE	23,392
LINE 24	GRAND TOTAL	(45,061)

PAGE 4 SCHEDULE VII B

DYNAMIC HEALTHCARE CONSULTANTS COST

LINE 10	MANAGEMENT FEES	108,000
	UTILITIES	712
	REPAIR & MAINT	4,426
	NURSE CONSULTANT	7,716
	PROFESSIONAL FEES	2,099
	DUES & SUBSCRIPTIONS	1,280
	CLERICAL & GENERAL	16,081
	SEMINAR & TRAVEL	168
	AUTO EXPENSE	1,665