

		FOR BHF USE			

LL2

Supportive Living Facility

2021

STATE OF ILLINOIS

DEPARTMENT OF HEALTHCARE & FAMILY SERVICES

COST REPORT FOR

SUPPORTIVE LIVING FACILITIES

(FISCAL YEAR 2021)

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: 100X025

Facility Name: Asbury Gardens Memory Care

Address: 210 Airport Rd North Aurora 60542

Number City Zip Code

County: Kane

Telephone Number: (630) 896-7778 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 5/5/2003

Type of Ownership:

<input type="checkbox"/>	VOLUNTARY, NON-PROFIT	<input checked="" type="checkbox"/>	PROPRIETARY	<input type="checkbox"/>	GOVERNMENTAL
<input type="checkbox"/>	Charitable Corp.	<input type="checkbox"/>	Individual	<input type="checkbox"/>	State
<input type="checkbox"/>	Trust	<input type="checkbox"/>	Partnership	<input type="checkbox"/>	County
IRS Exemption Code		<input type="checkbox"/>	Corporation	<input type="checkbox"/>	Other
		<input checked="" type="checkbox"/>	"Sub-S" Corp.		
		<input type="checkbox"/>	Limited Liability Co.		
		<input type="checkbox"/>	Trust		
		<input type="checkbox"/>	Other		

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

Name: Steven N. Lavenda Telephone Number: (847) - 282- 6300

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 1/1/2021 to 12/31/2021 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) (Date)

(Print Name and Title) Steven N. Lavenda, CPA Partner

(Firm Name & Address) Marcum LLP Nine Parkway North, Suite 200 Deerfield, IL 60015

(Telephone) (847) 282-6300 Fax (847) 282-6301

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 Asbury Gardens Memory CareReport Period Beginning: 1/1/2021 Ending: 12/31/2021**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	37	Single Unit Apartment	37	13,505	1
2	21	Double Unit Apartment	21	7,665	2
3		Other		7,313	3
4	58	TOTALS	58	28,483	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	10,051	2,189		12,240	5
6	Double Unit	12,976	2,451		15,427	6
7	Other					7
8	TOTALS	23,027	4,640		27,667	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 97.14%

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

177 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**

ACCRAUAL ☒ MODIFIED CASH* ☐ CASH* ☐

I. Is your fiscal year identical to your tax year? ☒ YES ☐ NOTax Year: 12/31/2021 Fiscal Year: 12/31/2021

* 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: Asbury Gardens Memory Care

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	160,334	179,680	1,536	341,550		341,550	1
2	Housekeeping, Laundry and Maintenance	68,412	40,018	203,040	311,470	1,012	312,482	2
3	Heat and Other Utilities			80,906	80,906	821	81,727	3
4	Other (specify):							4
5	TOTAL General Services	228,746	219,698	285,482	733,926	1,834	735,760	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	875,949	16,647	73,146	965,742		965,742	6
7	Activities and Social Services	38,086	777	63	38,926		38,926	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	914,035	17,424	73,209	1,004,668		1,004,668	9
	C. General Administration							
10	Administrative and Clerical	108,912	28,342	396,906	534,160	(215,972)	318,188	10
11	Marketing Materials, Promotions and Advertising	22,583		21,479	44,062		44,062	11
12	Employee Benefits and Payroll Taxes			168,998	168,998	7,417	176,415	12
13	Insurance-Property, Liability and Malpractice			194,049	194,049	43,068	237,117	13
14	Other (specify):							14
15	TOTAL General Administration	131,495	28,342	781,432	941,269	(165,487)	775,782	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,274,276	265,464	1,140,123	2,679,863	(163,654)	2,516,209	16
	Capital Expenses							
	D. Ownership							
17	Depreciation					9,862	9,862	17
18	Interest					58,154	58,154	18
19	Real Estate Taxes					40,197	40,197	19
20	Rent -- Facility and Grounds			603,743	603,743	(603,743)	0	20
21	Rent -- Equipment			5,430	5,430		5,430	21
22	Other (specify):							22
23	TOTAL Ownership			609,173	609,173	(495,529)	113,644	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,274,276	265,464	1,749,296	3,289,036	(659,182)	2,629,854	24

STATE OF ILLINOIS		Page 3A
Ashbury Gardens Memory Care		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line Reference
1	Ashbury Healthcare	
2	Professional Fees	6,941 10 2
3	License, Permits, and Dues	19 10 3
4	Personnel Recruitment	928 10 4
5	A&G Wages	75,295 10 5
6	Office Expenses	2,055 10 6
7	Travel	4,063 10 7
8	Insurance - General	1,198 13 8
9	Employee Benefits	7,417 12 9
10	Rent Expense	8,490 20 10
11		
12	7040 N. Ridgeway	
13	Utilities	1,303 03 13
14	Repairs and Maintenance	1,820 02 14
15	RE Tax Appeal	480 10 15
16	Licenses and Permits	6 10 16
17	Office Expense	359 10 17
18	Insurance	122 13 18
19	Interest	2,788 18 19
20	Real Estate Taxes	5,425 19 20
21	Rent	(8,490) 20 21
22		
23	Non-Straight Line Depreciation	(153,768) 17 23
24		
25	Office - Food	(7) 10 25
26	Bank Charges	(2,341) 10 26
27	Bad Debt Expense	(89,773) 10 27
28	TV Service	(482) 03 28
29	Misc Expenses	(447) 10 29
30	Office Contracted Service	(246,295) 10 30
31	Interest Income	(2,355) 18 31
32	Additional R&M	4,542 02 32
33	Capitalized R&M	(5,350) 02 33
34		
35	Building Co. - Rent Income	(603,743) 20 35
36	Building Co. - Depreciation	163,631 17 36
37	Building Co. - Insurance	8,229 13 37
38	Building Co. - Interest Expense	57,998 18 38
39	Building Co. - Dues & Subscriptions	55 10 39
40	Building Co. - MIP Expense	33,517 13 40
41	Building Co. - Professional Fees	2,690 10 41
42	Building Co. - Property Taxes	34,772 19 42
43	Building Co. -Interest Income	(277) 18 43
44		
45		
46		
47		
48		
49		
50		
51		
52		
53		
54		
55		
56		
57		
58		
59		
60		
61		
62		
63		
64		
65		
66		
67		
68		
69		
70		
71		
72		
73		
74		
75		
76		
77		
78		
79		
80		
81		
82		
83		
84		
85		
86		
87		
88		
89		
90		
91		
92		
93		
94		
95		
96		
97		
98		
99		
100		
101	Total	(659,182) 101

Facility Name: Asbury Gardens Memory Care

Report Period Beginning 1/1/2021 Ending: 12/31/2021

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	2.60	\$ 36.95	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	16.16	20.11	3
4	Activity Director & Assistants	1.07	17.08	4
5	Social Service Workers			5
6	Head Cook	0.21	24.49	6
7	Cook Helpers/Assistants	3.77	19.13	7
8	Dishwashers			8
9	Maintenance Workers	1.47	21.00	9
10	Housekeepers	0.16	12.15	10
11	Laundry			11
12	Managers			12
13	Other Administrative	1.47	31.98	13
14	Clerical	0.33	16.76	14
15	Marketing	0.32	33.48	15
16	Other			16
17	Total (lines 1 thru 16)	27.56	\$ 22.23	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
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				\$	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

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? \$

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: Asbury Gardens Memory Care

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTS

A. Purchase price of land 2,996 Year land was acquired Allocated from 7040 N. Ridgeway

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			Allocated	2016	\$ 271,632	\$	35	\$ 7,761	\$ 7,761	\$ 46,565	1
2			7040 North								2
3			Ridgeway								3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				12,070	163,631	20	604	(163,027)	604	6
7											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)				\$ 283,702	\$ 163,631		\$ 8,364	\$ (155,266)	\$ 47,169	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	\$ 14,980	\$	\$ 1,498	1,498		\$ 8,988	18
19	Vehicles						-	19
20	TOTAL (lines 18 and 19)	\$ 14,980	\$	\$ 1,498	1,498		\$ 8,988	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	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1 Leasehold Improvement	2021	\$ 6,720	\$ 163,631	20	\$ 336	\$ (163,295)	\$ 336	1
2 Generator	2021	5,350		20	268	268	268	2
3								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
16								16
17								17
18								18
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)		\$ 12,070	\$ 163,631		\$ 604	\$ (163,027)	\$ 604	34

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

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			\$	\$ 163,631		\$	\$ (163,631)	\$	1
2									2
3									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
16									16
17									17
18									18
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)		\$	\$ 163,631		\$	\$ (163,631)	\$	34

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

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar.

1	3	4	5	6	7	8	9	
Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1								1
2								2
3								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
16								16
17								17
18								18
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)	\$	\$		\$	\$	\$	34

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

Facility Name: Asbury Gardens Memory Care Report Period Beginning: 1/1/2021 Ending: 12/31/2021

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 \$ 5,430

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	Capital One			Mortgage	/ /	\$	21,368,261	/ /		\$ 57,998	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5	Allocated from 7040 N. Ridgeway		X		/ /			/ /		2,788	5
6					/ /			/ /			6
7	TOTAL Facility Related					\$	21,368,261			\$ 60,786	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-2,355	8
9	Interest Income-Bldg Co		X		/ /			/ /		-277	9
10	TOTALS (lines 7, 8 and 9)					\$	21,368,261			\$ 58,154	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: Asbury Gardens Memory Care

Report Period Beginning: 1/1/2021

Ending: 12/31/2021

XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 1,115,428	\$ 2,258,124	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	670,858	670,858	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	2,030	6,921	6
7	Other Prepaid Expenses		685,656	7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	9,360	9,360	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,797,676	\$ 3,630,919	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		210,899	13
14	Buildings, at Historical Cost		13,571,384	14
15	Leasehold Improvements, at Historical Cost	6,720	11,775,542	15
16	Equipment, at Historical Cost	4,542	2,154,527	16
17	Accumulated Depreciation (book methods)		(18,327,616)	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): See Attached	445,287	2,516,991	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 456,549	\$ 11,901,727	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,254,225	\$ 15,532,646	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 537,878	\$ 537,878	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	60,304	60,304	30
31	Accrued Taxes Payable	5,116	115,593	31
32	Accrued Interest Payable		62,070	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	49,300	171,700	36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 652,598	\$ 947,545	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		21,368,261	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	28,448	28,448	43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 28,448	\$ 21,396,709	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 681,046	\$ 22,344,254	45
46	TOTAL EQUITY	\$ 1,573,179	\$ (6,811,608)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,254,225	\$ 15,532,646	47

*(See instructions.)

Facility Name: Asbury Gardens Memory Care

Report Period Beginning: 1/1/2021

Ending:

12/31/2021

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	\$ 3,870,457	1
2	Discounts and Allowances	(1,129)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 3,869,328	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	2,355	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,355	14
	D. Other Revenue (specify):		
15	See Attached	512,233	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 512,233	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 4,383,916	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	733,926	19
20	Health Care/ Personal Care	1,004,668	20
21	General Administration	941,269	21
	B. Capital Expense		
22	Ownership	609,173	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)	\$ 3,289,036	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,094,880	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,094,880	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,724,027	32
33	Private Pay - Net Inpatient Revenue	1,145,301	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,869,328	37