

		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: 100X030

Facility Name: Asbury Kankakee Supp Lvg MCU

Address: 1975 E Court St Kankakee 60901

Number City Zip Code

County: Kankakee

Telephone Number: ( 815 ) 936-1000 Fax # ( )

Federal Employer ID Number:

Date Current Owners were Certified: 10/1/2016

Type of Ownership:

☐ VOLUNTARY, NON-PROFIT

☐ Charitable Corp.

☐ Trust

IRS Exemption Code

☐ PROPRIETARY

☐ Individual

☐ Partnership

☐ Corporation

☒ "Sub-S" Corp.

☒ Limited Liability Co.

☐ Trust

☐ Other

☐ GOVERNMENTAL

☐ State

☐ County

☐ Other

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

Name: Michael Zahtz Telephone Number: ( 847 ) 676-1700

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) Michael Zahtz

(Title) Manager

Paid Preparer

(Signed) (Date)

(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

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

**Date of change in certified units**

11 / 11

**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.**

**87** 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: Asbury Kankakee Supp Lvg MCU

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			
	<b>A. General Services</b>							
1	Dietary and Food Purchase	28,485	41,045	1,298	70,828		70,828	1
2	Housekeeping, Laundry and Maintenance	34,564	22,905	31,123	88,592		88,592	2
3	Heat and Other Utilities			35,778	35,778		35,778	3
4	Other (specify): Scavenger			5,631	5,631		5,631	4
5	<b>TOTAL General Services</b>	63,049	63,950	73,830	200,829		200,829	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	204,672	6,797	7,359	218,828		218,828	6
7	Activities and Social Services		2,657	21	2,678		2,678	7
8	Other (specify):							8
9	<b>TOTAL Health Care and Programs</b>	204,672	9,454	7,380	221,506		221,506	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	47,697	4,094	117,200	168,991	(17,297)	151,694	10
11	Marketing Materials, Promotions and Advertising	15,011	5,883	20,559	41,453		41,453	11
12	Employee Benefits and Payroll Taxes	40,277			40,277		40,277	12
13	Insurance-Property, Liability and Malpractice	20,190			20,190	3,033	23,223	13
14	Other (specify):							14
15	<b>TOTAL General Administration</b>	123,175	9,977	137,759	270,911	(14,264)	256,647	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	390,896	83,381	218,969	693,246	(14,264)	678,982	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			3,459	3,459	87,466	90,925	17
18	Interest					64,141	64,141	18
19	Real Estate Taxes					34,941	34,941	19
20	Rent -- Facility and Grounds			151,166	151,166	(151,166)		20
21	Rent -- Equipment							21
22	Other (specify): Mortgage insurance premium					14,129	14,129	22
23	<b>TOTAL Ownership</b>			154,625	154,625	49,511	204,136	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	390,896	83,381	373,594	847,871	35,247	883,118	24

Facility Name: Asbury Kankakee Supp Lvg MCU

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	1	\$ 32.75	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	5	15.56	3
4	Activity Director & Assistants			4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants			7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers			10
11	Laundry			11
12	Managers	1	40.08	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	7	\$	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			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
Asbury Healthcare		Lincolnwood		Management	
Asbury of Kankakee Realty		Kankakee		Property	

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).

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

Facility Name: Asbury Kankakee Supp Lvg MCU

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

**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					\$	\$		\$	\$	\$	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13											13
14											14
15											15
16											16
17	<b>TOTAL (lines 1 thru 16)</b>				\$	\$		\$	\$	\$	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	\$	\$	\$	\$		\$	18
19	Vehicles							19
20	<b>TOTAL (lines 18 and 19)</b>	\$	\$	\$	\$		\$	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	<b>TOTALS (lines 21, 22 and 23)</b>	\$	\$	\$	24

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		
		Year Constructed	Number of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		8. Is movable equipment rental included in building rental? YES NO
3	Original Building			/ /	\$			3	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.
4	Additions			/ /				4	
5				/ /				5	
6				/ /				6	
7	TOTAL				\$			7	

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				/ /	\$	\$	/ /		\$	1	
2				/ /			/ /			2	
3				/ /			/ /			3	
	Working Capital										
4				/ /			/ /			4	
5				/ /			/ /			5	
6				/ /			/ /			6	
7	TOTAL Facility Related					\$	\$			\$	7
	B. Non-Facility Related										
8				/ /			/ /			8	
9				/ /			/ /			9	
10	TOTALS (lines 7, 8 and 9)					\$	\$			\$	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: Asbury Kankakee Supp Lvg MCU

Report Period Beginning: 1/1/2021

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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 12/31/2021

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 785,982	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 10,000 )	826,921		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	3,543		6
7	Other Prepaid Expenses	6,400		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets</b> (sum of lines 1 thru 9)	\$ 1,622,846	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land			13
14	Buildings, at Historical Cost			14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	87,129		16
17	Accumulated Depreciation (book methods)	(33,397)		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	<b>TOTAL Long-Term Assets</b> (sum of lines 11 thru 23)	\$ 53,732	\$	24
25	<b>TOTAL ASSETS</b> (sum of lines 10 and 24)	\$ 1,676,578	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 77,439	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	33,613		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes	30,000		34
	<b>Other Current Liabilities(specify):</b>			
35	Due to Related Parties	10,407		35
36	Management Fee Payable	54,348		36
37	<b>TOTAL Current Liabilities</b> (sum of lines 26 thru 36)	\$ 205,807	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable			38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	<b>Other Long-Term Liabilities(specify):</b>			
42				42
43				43
44	<b>TOTAL Long-Term Liabilities</b> (sum of lines 38 thru 43)	\$	\$	44
45	<b>TOTAL LIABILITIES</b> (sum of lines 37 and 44)	\$ 205,807	\$	45
46	<b>TOTAL EQUITY</b>	\$ 1,470,771	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY</b> (sum of lines 45 and 46)	\$ 1,676,578	\$	47

\*(See instructions.)

Facility Name: Asbury Kankakee Supp Lvg MCU

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	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 852,637	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 852,637	3
	<b>B. Other Operating Revenue</b>		
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	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions		12
13	Interest and Other Investment Income		13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$	14
	<b>D. Other Revenue (specify):</b>		
15			15
16			16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 852,637	18

2			
	II. Expenses	Amount	
	<b>A. Operating Expenses</b>		
19	General Services	200,829	19
20	Health Care/ Personal Care	221,506	20
21	General Administration	256,647	21
	<b>B. Capital Expense</b>		
22	Ownership	204,136	22
	<b>C. Other Expenses</b>		
23	Special Cost Centers		23
24	Non-Operating Expenses		24
25	Other (specify):		25
26			26
27			27
28	<b>TOTAL EXPENSES (sum of lines 19 thru 27)</b>	\$ 883,118	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ (30,481)	29
30	<b>Income Taxes</b>	\$ 8,169	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ (38,650)	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$	32
33	Private Pay - Net Inpatient Revenue	324,090	33
34	Medicare - Net Inpatient Revenue	528,547	34
35	Other-(specify)		35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 852,637	37



**VII. Related Organizations**  
**A. Related SLF's & Health Care Businesses**

<b>Name</b>	<b>City</b>
Asbury Gardens SLF	Aurora
Asbury Gardens Nursing and Rehab	Aurora
Asbury Court Nursing & Rehabilitation	Des Plaines
Asbury Court Nursing & Rehabilitation	Des Plaines
Moraine Court	Bridgeview

**Pg4 Related Party Expenses**

VII. C.

Description	Amount
Other Fees	85
Property Taxes	34,941
Insurance	3,033
Depreciation	87,466
Interest	64,141
Bank Fees	81
Professional Fees	2,315
Mortgage insurance	14,128
<b>Total Related Party Expenses</b>	<b>206,190</b>

**Pg3 Expense Adjustments**

Other Fees	85
Bad Debt	(19,777)
Property Taxes	34,941
Insurance	3,033
Depreciation	87,466
Interest	64,141
Bank Fees	81
Professional Fees	2,315
Mortgage insurance	14,128
Rent	(151,166)
<b>Total Adjustments</b>	<b>35,247</b>

**Fixed Assets Schedule**

	Description	Years	Cost	Accumulated Depreciation	Depreciation	Accumulated Depreciation
	Scrubber	5	2,860	1,716	572	2,288
	Ice Maker	5	2,614	1,569	523	2,092
	Chairs	7	4,211	902	602	1,504
	PTACs	7	#####	3,766	2,511	6,276
	Generator	7	#####	12,742	8,495	21,237
<b>Total</b>			#####	20,695	12,702	33,397