

		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: 1000095

Facility Name: Autumn Ridge

Address: 1000 Galeener StreetVienna62995

County: Johnson

Telephone Number: ( 618 ) 658-2775 Fax # 618 658-4303

Federal Employer ID Number:

Date Current Owners were Certified: 9/8/2008

Type of Ownership:

X

VOLUNTARY, NON-PROFIT

X

Charitable Corp.

Trust

PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

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: Nora Bullock, CFO

Telephone Number: ( 618 683-2461

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 7/1/20 to 6/30/21 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)

(Type or Print Name) Sherrie L. Crabb

(Title) Chief Executive Officer

Paid Preparer

(Signed)

(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

Facility Name Autumn Ridge Report Period Beginning: 7/1/20 Ending: 6/30/21

III. STATISTICAL DATA

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

Date of change in certified units       /      /      

	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	39	Single Unit Apartment	39	14,235	1
2	7	Double Unit Apartment	7	2,555	2
3		Other			3
4	46	TOTALS	46	16,790	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	7,323	5,561		12,884	5
6	Double Unit	942	670		1,612	6
7	Other					7
8	TOTALS	8,265	6,231		14,496	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 86.34%

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

124 Also, indicate the number of unpaid bed-hold days the SLF had during this year. N/A (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

ACCRAUAL ☒ MODIFIED CASH\* ☐ CASH\* ☐

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

Tax Year:        Fiscal Year:       

\* 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? N/A  
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: Autumn Ridge

Report Period Beginning:

7/1/20

Ending:

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6/30/21

## 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	165,168	125,241	3,596	294,005		294,005	1
2	Housekeeping, Laundry and Maintenance	72,310	3,248	48,111	123,669		123,669	2
3	Heat and Other Utilities			63,648	63,648		63,648	3
4	Other (specify): Waste Management			2,514	2,514		2,514	4
5	<b>TOTAL General Services</b>	237,478	128,489	117,869	483,836		483,836	5
	<b>B. Health Care and Programs</b>							
6	Health Care/ Personal Care	79,688	12,145	179	92,012		92,012	6
7	Activities and Social Services	30,199	1,945		32,144		32,144	7
8	Other (specify): Certified Nurses Aid Support Services	180,860	3,015	6,346	190,221		190,221	8
9	<b>TOTAL Health Care and Programs</b>	290,747	17,105	6,525	314,377		314,377	9
	<b>C. General Administration</b>							
10	Administrative and Clerical	179,535	38,602	46,309	264,446		264,446	10
11	Marketing Materials, Promotions and Advertising			5,023	5,023		5,023	11
12	Employee Benefits and Payroll Taxes	164,356			164,356		164,356	12
13	Insurance-Property, Liability and Malpractice			14,631	14,631		14,631	13
14	Other (specify): Legal fees, computer consult, background cks			28,982	28,982		28,982	14
15	<b>TOTAL General Administration</b>	343,891	38,602	94,945	477,438		477,438	15
16	<b>TOTAL Operating Expense (Sum of lines 5, 9 and 15)</b>	872,116	184,196	219,339	1,275,651		1,275,651	16
	<b>Capital Expenses</b>							
	<b>D. Ownership</b>							
17	Depreciation			189,955	189,955		189,955	17
18	Interest			258,186	258,186		258,186	18
19	Real Estate Taxes			53,564	53,564		53,564	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify):							22
23	<b>TOTAL Ownership</b>			501,705	501,705		501,705	23
24	<b>GRAND TOTAL (Sum of lines 16 and 23)</b>	872,116	184,196	721,044	1,777,356		1,777,356	24

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Report Period Beginning 7/1/20 Ending: 6/30/21

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 29.15	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	8	12.60	3
4	Activity Director & Assistants	1	17.62	4
5	Social Service Workers			5
6	Head Cook	1	15.09	6
7	Cook Helpers/Assistants	6	12.40	7
8	Dishwashers			8
9	Maintenance Workers			9
10	Housekeepers	1	12.54	10
11	Laundry			11
12	Managers	2	21.40	12
13	Other Administrative			13
14	Clerical			14
15	Marketing			15
16	Other			16
17	Total (lines 1 thru 16)	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
N/A			

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5

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: N/A 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	No payment made to owners, relatives and members of Board of Directors				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

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**VIII. OWNERSHIP COSTS**

A. Purchase price of land 189,716 Year land was acquired 2008

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	46			2008	5,232,663	\$ 166,116		\$ 166,116	\$	2,189,699	1
2											2
3											3
4											4
5											5
	<b>Improvement Type</b>										
6	Land Improvements			2007	442,824	11,946		11,946		160,104	6
7	Entrance Sign			2012	10,892	726		726		6,777	7
8	Insulation			2016	43,614	1,385		1,385		10,681	8
9	Lighting			2018	5,548	176		176		543	9
10	CCTV Assembly (additional security cameras)			2019	10,000	2,000		2,000		5,000	10
11	Carpet			2018	12,044	382		382		1,083	11
12	Entrance Sigh			2021	12,930	72		72		72	12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 5,770,515	\$ 182,803		\$ 182,803	\$	2,373,959	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	\$ 283,784	\$ 1,127	\$ 1,127	\$	10	\$ 280,709	18
19	Vehicles	94,265	6,025	6,025		5	40,043	19
20	TOTAL (lines 18 and 19)	\$ 378,049	\$ 7,152	\$ 7,152	\$		\$ 320,752	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: Autumn Ridge Report Period Beginning: 7/1/20 Ending: 6/30/21

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: Not Applicable

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*	
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 \$

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	Farmers State Bank		X	Building Construction	10/31/20	\$ 4,900,000	\$ 4,866,125	11/1/49	4.2500	\$ 244,285	1
2	USDA		X	Building Construction	/ /	1,018,324	932,245	3/1/48	1.0000	13,901	2
3											3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,918,324	\$ 5,798,370			\$ 258,186	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,918,324	\$ 5,798,370			\$ 258,186	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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## XI. BALANCE SHEET - Unrestricted Operating Fund.

As of 6/30/21

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	<b>A. Current Assets</b>			
1	Cash on Hand and in Banks	\$ 2,907,647	\$	1
2	Cash-Patient Deposits	36,630		2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance )	862		3
4	Supply Inventory (priced at )			4
5	Short-Term Investments			5
6	Prepaid Insurance	22,087		6
7	Other Prepaid Expenses			7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	<b>TOTAL Current Assets (sum of lines 1 thru 9)</b>	\$ 2,967,226	\$	10
	<b>B. Long-Term Assets</b>			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	189,716		13
14	Buildings, at Historical Cost	5,285,877		14
15	Leasehold Improvements, at Historical Cost	288,072		15
16	Equipment, at Historical Cost	384,899		16
17	Accumulated Depreciation (book methods)	(2,694,711)		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 (sum of lines 11 thru 23)</b>	\$ 3,453,853	\$	24
25	<b>TOTAL ASSETS (sum of lines 10 and 24)</b>	\$ 6,421,079	\$	25

		1 Operating	2 After Consolidation*	
	<b>C. Current Liabilities</b>			
26	Accounts Payable	\$ 319	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	36,630		28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	47,950		30
31	Accrued Taxes Payable			31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	<b>Other Current Liabilities(specify):</b>			
35				35
36				36
37	<b>TOTAL Current Liabilities (sum of lines 26 thru 36)</b>	\$ 84,899	\$	37
	<b>D. Long-Term Liabilities</b>			
38	Long-Term Notes Payable	5,798,370		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 (sum of lines 38 thru 43)</b>	\$ 5,798,370	\$	44
45	<b>TOTAL LIABILITIES (sum of lines 37 and 44)</b>	\$ 5,883,269	\$	45
46	<b>TOTAL EQUITY</b>	\$ 537,810	\$	46
47	<b>TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)</b>	\$ 6,421,079	\$	47

\*(See instructions.)

Facility Name: Autumn Ridge

Report Period Beginning: 7/1/20

Ending:

6/30/21

**XII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this Schedule to Schedule IV.)**

		1	
	<b>I. Revenue</b>	<b>Amount</b>	
	<b>A. SLF Resident Care</b>		
1	Gross SLF Resident Revenue	\$ 1,608,956	1
2	Discounts and Allowances		2
3	<b>SUBTOTAL Resident Care (line 1 minus line 2)</b>	\$ 1,608,956	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	3,071	9
10	Laundry		10
11	<b>SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)</b>	\$ 3,071	11
	<b>C. Non-Operating Revenue</b>		
12	Contributions	66,731	12
13	Interest and Other Investment Income	7,623	13
14	<b>SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)</b>	\$ 74,354	14
	<b>D. Other Revenue (specify):</b>		
15	Storage Building Rental/Medical Transp/Local 553 ta	13,760	15
16	Covid 19 Relief	615,025	16
17	<b>SUBTOTAL Other Revenue (sum of lines 15 and 16)</b>	\$ 628,785	17
18	<b>TOTAL REVENUE (sum of lines 3, 11, 14 and 17)</b>	\$ 2,315,166	18

		2	
	<b>II. Expenses</b>	<b>Amount</b>	
	<b>A. Operating Expenses</b>		
19	General Services	483,836	19
20	Health Care/ Personal Care	314,377	20
21	General Administration	477,438	21
	<b>B. Capital Expense</b>		
22	Ownership	501,705	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>	\$ 1,777,356	28
29	<b>Income Before Income Taxes (line 18 minus line 28)</b>	\$ 537,810	29
30	<b>Income Taxes</b>	\$	30
31	<b>NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)</b>	\$ 537,810	31
	<b>III. Net Resident Care Revenue detailed by Payer Source</b>		
32	Medicaid - Net Inpatient Revenue	\$ 740,686	32
33	Private Pay - Net Inpatient Revenue	805,527	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify) <u>SNAP/LINK</u>	62,743	35
36	Other-(specify)		36
37	<b>TOTAL (This total must agree to Line 3)</b>	\$ 1,608,956	37