

		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: 1000152

Facility Name: Azpira Place of Lake Zurich

Address: 795 North Rand Road Lake Zurich 60047

County: Lake

Telephone Number: (847) 440-3885 Fax #

Federal Employer ID Number:

Date Current Owners were Certified: 5/16/2017

Type of Ownership:

VOLUNTARY, NON-PROFIT
Charitable Corp.
Trust
IRS Exemption Code

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

GOVERNMENTAL
State
County
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)
(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

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	120	Single Unit Apartment	120	43,800	1
2		Double Unit Apartment			2
3		Other			3
4	120	TOTALS	120	43,800	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	14,191	25,410		39,601	5
6	Double Unit					6
7	Other					7
8	TOTALS	14,191	25,410		39,601	8

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) 90.41%

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

312 Also, indicate the number of unpaid bed-hold days the SLF had during this year. 765 (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

ACCRUAL ☒ MODIFIED CASH* ☐ CASH* ☐

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

Tax Year: 12/31/21 Fiscal Year: 12/31/21

* 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

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Facility Name: Azpira Place of Lake Zurich

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	431,563	333,168	40,842	805,573		805,573	1
2	Housekeeping, Laundry and Maintenance	154,191	46,537	187,527	388,255	7,539	395,794	2
3	Heat and Other Utilities			193,635	193,635	(31,672)	161,963	3
4	Other (specify):							4
5	TOTAL General Services	585,754	379,705	422,004	1,387,463	(24,133)	1,363,330	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	787,520	15,444	143,246	946,210	10,917	957,127	6
7	Activities and Social Services	56,425	11,664	12,832	80,921	1,648	82,569	7
8	Other (specify):			7,795	7,795		7,795	8
9	TOTAL Health Care and Programs	843,945	27,108	163,873	1,034,926	12,565	1,047,491	9
	C. General Administration							
10	Administrative and Clerical	204,639	7,674	824,951	1,037,264	(440,348)	596,916	10
11	Marketing Materials, Promotions and Advertising	180,157	3,973	188,729	372,859	25,415	398,274	11
12	Employee Benefits and Payroll Taxes			351,988	351,988		351,988	12
13	Insurance-Property, Liability and Malpractice			120,183	120,183	4,920	125,103	13
14	Other (specify):					35,496	35,496	14
15	TOTAL General Administration	384,796	11,647	1,485,851	1,882,294	(374,517)	1,507,777	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,814,495	418,460	2,071,728	4,304,683	(386,085)	3,918,598	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			1,044,143	1,044,143	(131,233)	912,910	17
18	Interest			460,154	460,154	(56)	460,098	18
19	Real Estate Taxes			297,662	297,662		297,662	19
20	Rent -- Facility and Grounds			1,094	1,094	17,930	19,024	20
21	Rent -- Equipment			7,704	7,704		7,704	21
22	Other (specify):			210,564	210,564	(210,564)		22
23	TOTAL Ownership			2,021,321	2,021,321	(323,923)	1,697,398	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,814,495	418,460	4,093,049	6,326,004	(710,008)	5,615,996	24

STATE OF ILLINOIS		Page 3A
Aspira Place of Lake Zurich		
Report Period Beginning:	1/1/2021	
Ending:	12/31/2021	
NON-ALLOWABLE EXPENSES		Sch. V Line
	Amount	Reference
1 Non-Straight Line Depreciation	(141,447)	17 1
2 Pet Fee	(1,250)	07 2
3 Other Income	(852)	10 3
4 Meals & Entertainment	(1,266)	10 4
5 Bank Service Charges	(5,363)	10 5
6 Resident Gifts	(815)	10 6
7 Resident Reimbursables	966	10 7
8 Bad Debt	(316,778)	10 8
9 Cable TV	(31,831)	03 9
10 Management Fees	(322,022)	10 10
11 Interest Income	(56)	18 11
12 Amortization	(210,564)	22 12
13		13
14 Pathway Management Allocation:		14
15 Maintenance	7,539	02 15
16 Utilities	159	03 16
17 Health Care / Personal Care	10,917	06 17
18 Community Life	2,898	07 18
19 Administrative	207,606	10 19
20 Marketing	25,415	11 20
21 Insurance	4,920	13 21
22 Employee Benefits	35,496	14 22
23 Depreciation	10,114	17 23
24 Rent - Building	17,930	20 24
25		25
26		26
27		27
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29		29
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100		100
101 Total	(710,008)	101

Facility Name: Azpira Place of Lake Zurich

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	1.26	\$ 29.04	1
2	Licensed Practical Nurses	1.91	27.91	2
3	Certified Nurse Assistants	16.39	17.61	3
4	Activity Director & Assistants	1.26	21.60	4
5	Social Service Workers			5
6	Head Cook			6
7	Cook Helpers/Assistants	12.74	16.29	7
8	Dishwashers			8
9	Maintenance Workers	1.55	23.55	9
10	Housekeepers	2.81	13.36	10
11	Laundry			11
12	Managers			12
13	Other Administrative	4.39	22.42	13
14	Clerical			14
15	Marketing	1.88	46.18	15
16	Other			16
17	Total (lines 1 thru 16)	44.18	\$ 19.74	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	Jerry Finis	0.007061%	1.13	\$ 5,305	1
2					2
3					3
4					4
5					5
Total				\$ 5305	6

VI. (B) Management fees paid to unrelated parties

	Amount of Fee	
1	N/A	\$ 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: N/A If yes, what is the value of those services? \$ N/A
(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: Azpira Place of Lake Zurich

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

VIII. OWNERSHIP COSTSA. Purchase price of land 865,000 Year land was acquired 2017

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	120		2017		\$ 21,366,372	\$ 1,044,143	28	\$ 763,085	\$ (281,058)	\$ 3,815,425	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Total From Supplemental Page 5's				44,613		20	2,230	2,230	7,958	6
7											7
8											8
9											9
10	Allocated from Pathway Management					10,214			(10,214)		10
11											11
12											12
13											13
14											14
15											15
16											16
17	TOTAL (lines 1 thru 16)				\$ 21,410,985	\$ 1,054,357		\$ 765,315	\$ (289,042)	\$ 3,823,383	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	\$ 1,350,557	\$	\$ 135,055	135,055		\$ 270,326	18
19	Vehicles	62,701		12,540	12,540		62,700	19
20	TOTAL (lines 18 and 19)	\$ 1,413,258	\$	\$ 147,595	147,595		\$ 333,026	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	2	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	Engineering Cost On Construction	2018	\$ 21,927	\$ 1,054,357	20	\$ 1,096	\$ (1,053,261)	\$ 4,385	1
2	Elevator Repair & Replacement Parts	2018	3,424		20	171	171	684	2
3	Site Improvement	2019	19,262		20	963	963	2,889	3
4									4
5									5
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 44,613	\$ 1,054,357		\$ 2,230	\$ (1,052,127)	\$ 7,958	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			\$	\$ 1,054,357		\$	\$ (1,054,357)	\$	1
2									2
3									3
4									4
5									5
6									6
7									7
8									8
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31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$	\$ 1,054,357		\$	\$ (1,054,357)	\$	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 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									1
2									2
3									3
4									4
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27									27
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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: Azpira Place of Lake Zurich

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	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	Storage Rental			/ /	1,094			5
6	Allocated from Pathway Management			/ /	17,930			6
7	TOTAL				\$ 19,024			7

8. Is movable equipment rental included in building rental? YES NO

9. Rental amount for movable equipment \$ 7,704

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	MB Financial Bank		X	Construction Loan	10/21/19	\$ 18,232,000	\$ 18,232,000	/ /	Variable	\$ 459,472	1
2	Wells Fargo		X	Bus Loan	2/1/17	62,701	324	1/3/22	6.7100	682	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 18,294,701	\$ 18,232,324			\$ 460,154	7
	B. Non-Facility Related										
8	Interest Income		X		/ /			/ /		-56	8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 18,294,701	\$ 18,232,324			\$ 460,098	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: Azpira Place of Lake Zurich

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	\$ 722,643	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	978,390		3
4	Supply Inventory (priced at)	12,378		4
5	Short-Term Investments			5
6	Prepaid Insurance	5,413		6
7	Other Prepaid Expenses	38,989		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify): See Attached	878,015		9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,635,828	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	865,000		13
14	Buildings, at Historical Cost	19,457,085		14
15	Leasehold Improvements, at Historical Cost	1,950,477		15
16	Equipment, at Historical Cost	1,425,814		16
17	Accumulated Depreciation (book methods)	(4,865,738)		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	688,627		23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 19,521,265	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 22,157,093	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 160,865	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	131,476		30
31	Accrued Taxes Payable	330,319		31
32	Accrued Interest Payable	38,857		32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36	See Attached	293,526		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 955,043	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable	18,232,324		38
39	Mortgage Payable			39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43	See Attached	12,071		43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 18,244,395	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 19,199,438	\$	45
46	TOTAL EQUITY	\$ 2,957,655	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 22,157,093	\$	47

*(See instructions.)

Facility Name: Azpira Place of Lake Zurich

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	\$ 6,566,949	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 6,566,949	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	(75)	10
11	SUBTOTAL OTHER OPERATING REVENUE (sum of lines 4 thru 10)	\$ (75)	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	56	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 56	14
	D. Other Revenue (specify):		
15	See Attached	4,102	15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 4,102	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 6,571,032	18

		2	
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,387,463	19
20	Health Care/ Personal Care	1,034,926	20
21	General Administration	1,882,294	21
	B. Capital Expense		
22	Ownership	2,021,321	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)	\$ 6,326,004	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 245,028	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 245,028	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 2,345,952	32
33	Private Pay - Net Inpatient Revenue	4,179,897	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)	41,100	35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 6,566,949	37