

		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: 1000155

Facility Name: Eden South Shore

Address: 7156 S Dorchester Av Chicago 60619

County: Cook

Telephone Number: (773) 466-6868 Fax # (773) 466-6833

Federal Employer ID Number:

Date Current Owners were Certified: 11/06/17

Type of Ownership:

VOLUNTARY, NON-PROFIT

Charitable Corp.

Trust

IRS Exemption Code

X PROPRIETARY

Individual

Partnership

Corporation

"Sub-S" Corp.

X Limited Liability Co.

Trust

Other

GOVERNMENTAL

State

County

Other

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

Name: Mitch Hamblet Telephone Number: (630) 929-3333

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 1/1/21 to 12/31/21 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) Michael J. Hamblet, Jr.

(Title) Managing member

Paid Preparer

(Signed)

(Print Name and Title) Paul H. Wieland President

(Firm Name & Address) Wieland & Company, Inc. 232 S. Batavia Ave., Batavia, IL 60510

(Telephone) (630) 406-4490 Fax (630) 406-4491

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

HFS 3745C (N-4-05)

IL478-2471

Report Period Beginning: 1/1/21 Ending: 12/31/21

Date of change in certified units 12/31/21

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.

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

Facility Name: Eden South Shore

Report Period Beginning:

1/1/21

Ending:

Page 3

12/31/21

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			
	A. General Services							
1	Dietary and Food Purchase	299,830	380,566		680,396		680,396	1
2	Housekeeping, Laundry and Maintenance	271,614	34,460	148,556	454,630		454,630	2
3	Heat and Other Utilities			257,860	257,860		257,860	3
4	Other (specify):							4
5	TOTAL General Services	571,444	415,026	406,416	1,392,886		1,392,886	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	411,045	1,787		412,832		412,832	6
7	Activities and Social Services	96,418		4,227	100,645		100,645	7
8	Other (specify):							8
9	TOTAL Health Care and Programs	507,463	1,787	4,227	513,477		513,477	9
	C. General Administration							
10	Administrative and Clerical	398,652	47,453	95,874	541,979		541,979	10
11	Marketing Materials, Promotions and Advertising			11,509	11,509		11,509	11
12	Employee Benefits and Payroll Taxes			225,682	225,682		225,682	12
13	Insurance-Property, Liability and Malpractice			201,339	201,339		201,339	13
14	Other (specify): See Statement 1			23,240	23,240		23,240	14
15	TOTAL General Administration	398,652	47,453	557,644	1,003,749		1,003,749	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,477,559	464,266	968,287	2,910,112		2,910,112	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			861,790	861,790		861,790	17
18	Interest			649,352	649,352		649,352	18
19	Real Estate Taxes			214,040	214,040		214,040	19
20	Rent -- Facility and Grounds							20
21	Rent -- Equipment							21
22	Other (specify): See Statement 2			170,967	170,967		170,967	22
23	TOTAL Ownership			1,896,149	1,896,149		1,896,149	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,477,559	464,266	2,864,436	4,806,261		4,806,261	24

Facility Name: Eden South Shore

Report Period Beginning 1/1/21 Ending: 12/31/21

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

	Personnel	Number of FTE	Average Hourly Wage	
1	Registered Nurses	1	\$ 33.00	1
2	Licensed Practical Nurses			2
3	Certified Nurse Assistants	8	16.50	3
4	Activity Director & Assistants	2	16.60	4
5	Social Service Workers			5
6	Head Cook	4	16.50	6
7	Cook Helpers/Assistants	6	15.00	7
8	Dishwashers	1	15.00	8
9	Maintenance Workers	4	15.50	9
10	Housekeepers	4	15.50	10
11	Laundry	1	15.50	11
12	Managers	4	25.00	12
13	Other Administrative			13
14	Clerical	3	16.00	14
15	Marketing	1	26.00	15
16	Other			16
17	Total (lines 1 thru 16)	39	\$ 226.10	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
Eden Fox Valley	North Aurora, IL
Eden Supportive Living Champaign	Champaign, IL
Eden Supportive Living Chicago	Chicago, IL
Eden Assisted Living	Hinsdale, IL

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).

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	Affiliate Asset Management Fees		40	\$ 162,823	1
2					2
3					3
4					4
5					5
Total				\$ 162823	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

Facility Name: Eden South Shore

Report Period Beginning:

1/1/21

Ending:

12/31/21

VIII. OWNERSHIP COSTSA. Purchase price of land 247,600 Year land was acquired 2005

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	140			2017	\$ 19,440,564	\$ 812,120	7 to 40	\$ 812,120	\$	\$ 3,417,279	1
2											2
3											3
4											4
5											5
	Improvement Type										
6	Carpeting			2018	14,865	2,973	5	2,973		9,291	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)				\$ 19,455,429	\$ 815,093		\$ 815,093	\$	\$ 3,426,570	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	\$ 334,272	\$ 46,697	\$ 46,697	\$	7 to 10	\$ 198,462	18
19	Vehicles							19
20	TOTAL (lines 18 and 19)	\$ 334,272	\$ 46,697	\$ 46,697	\$		\$ 198,462	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: Eden South Shore Report Period Beginning: 1/1/21 Ending: 12/31/21

IX. RENTAL COSTS

A. Building and Fixed Equipment

1. Name of Party Holding Lease: NA

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	Lakeside Bank		X	Acquisition/construction	10/14/15	\$ 15,760,000	\$ 14,149,440	10/28/22	4.2500	\$ 649,352	1
2					/ /			/ /			2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5					/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 15,760,000	\$ 14,149,440			\$ 649,352	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 15,760,000	\$ 14,149,440			\$ 649,352	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 12/31/21

(last day of reporting year)

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 16,691,726	\$	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 53)	1,315,211		3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	145		7
8	Accounts Receivable (owners or related parties)			8
9	Other(specify):			9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 18,007,082	\$	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land	247,600		13
14	Buildings, at Historical Cost	19,455,429		14
15	Leasehold Improvements, at Historical Cost			15
16	Equipment, at Historical Cost	334,272		16
17	Accumulated Depreciation (book methods)	(3,625,032)		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	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 16,412,269	\$	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 34,419,351	\$	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 101,699	\$	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits			28
29	Short-Term Notes Payable			29
30	Accrued Salaries Payable	5,098		30
31	Accrued Taxes Payable	155,000		31
32	Accrued Interest Payable			32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35	Current portion of mortgage note	432,000		35
36	Due to affiliates	11,371,926		36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 12,065,723	\$	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable	13,717,440		39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42	Unamortized finance costs	(271,743)		42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$ 13,445,697	\$	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 25,511,420	\$	45
46	TOTAL EQUITY	\$ 8,907,931	\$	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 34,419,351	\$	47

*(See instructions.)

Facility Name: Eden South Shore

Report Period Beginning: 1/1/21

Ending:

12/31/21

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	\$ 7,229,033	1
2	Discounts and Allowances		2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 7,229,033	3
	B. Other Operating Revenue		
4	Special Services	1,663	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)	\$ 1,663	11
	C. Non-Operating Revenue		
12	Contributions		12
13	Interest and Other Investment Income	2,956	13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$ 2,956	14
	D. Other Revenue (specify):		
15			15
16			16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 7,233,652	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	1,392,886	19
20	Health Care/ Personal Care	513,477	20
21	General Administration	1,003,749	21
	B. Capital Expense		
22	Ownership	1,896,149	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)	\$ 4,806,261	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 2,427,391	29
30	Income Taxes	\$	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 2,427,391	31
	III. Net Resident Care Revenue detailed by Payer Source		
32	Medicaid - Net Inpatient Revenue	\$ 5,489,870	32
33	Private Pay - Net Inpatient Revenue	1,739,163	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 7,229,033	37

ENT 1 PART IV, LINE 14, COLUMN 3 - OTHER GENERAL ADMINISTRATION

accounting fees	\$ 5,700
	\$ 3,245
eous taxes and licenses	14,295
expense	<u>-</u>
	<u><u>\$ 23,240</u></u>

ENT 2 PART IV, LINE 22, COLUMN 3 - OTHER OWNERSHIP

agement fees	\$ 162,823
tion expense	<u>8,144</u>
	<u><u>\$ 170,967</u></u>