

		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: 1000056

Facility Name: FORT ARMSTRONG

Address: 1900 3RD AVENUE ROCK ISLAND 61201

County: ROCK ISLAND

Telephone Number: (309) 786-0400 Fax # (309) 788-9729

Federal Employer ID Number:

Date Current Owners were Certified: 02/05

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: KATHLEEN MCNAMARA Telephone Number: (847) 675-3585

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)

(Type or Print Name) MARCI HALPERT SIEBZENER

(Title) MANAGER

Paid Preparer

(Signed) (SEE ATTACHED ACCOUNTANTS' REPORT)

(Print Name and Title) KATHLEEN MCNAMARA VICE-PRESIDENT

(Firm Name & Address) KBKB, LTD. 6201 W. HOWARD STREET SUITE 201, NILES, IL 601

(Telephone) (847) 675-3585 Fax # (847) 675-5777

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

Facility Name **FORT ARMSTRONG**

Report 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

1 / 1

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	116	Single Unit Apartment			42,340	1
2	14	Double Unit Apartment			5,110	2
3		Other				3
4	130	TOTALS			47,450	4

B. Census-For the entire report period.

	1 Type of Unit	2 3 4 5 Resident Days by Unit and Primary Source of Payment				
		Medicaid Recipient	Private Pay	Other	Total	
5	Single Unit	21,559	3,221		24,780	5
6	Double Unit					6
7	Other					7
8	TOTALS	21,559	3,221		24,780	8

99748

C. Percent Occupancy. (Column 5, line 8 divided by total certified bed days on line 4, column 4.) **52.22%**

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

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

ACCUAL		MODIFIED	
		CASH*	CASH*
	X		

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

Tax Year: 2021 **Fiscal Year:** 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

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Facility Name: FORT ARMSTRONG

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	284,912	9,783		294,695		294,695	1
2	Housekeeping, Laundry and Maintenance	208,389	128,983	20,628	358,000	2,000	360,000	2
3	Heat and Other Utilities			156,599	156,599	(39,537)	117,062	3
4	Other (specify): Scavenger & Exterminating			17,021	17,021		17,021	4
5	TOTAL General Services	493,301	138,766	194,248	826,315	(37,537)	788,778	5
	B. Health Care and Programs							
6	Health Care/ Personal Care	592,723	5,097		597,820		597,820	6
7	Activities and Social Services	22,906	4,630		27,536		27,536	7
8	Other (specify): DRIVER	10,166			10,166		10,166	8
9	TOTAL Health Care and Programs	625,795	9,727		635,522		635,522	9
	C. General Administration							
10	Administrative and Clerical	159,657	16,184	345,829	521,670	15,663	537,333	10
11	Marketing Materials, Promotions and Advertising	66,262		56,680	122,942	(2,880)	120,062	11
12	Employee Benefits and Payroll Taxes			140,132	140,132		140,132	12
13	Insurance-Property, Liability and Malpractice			76,428	76,428	29,882	106,310	13
14	Other (specify):							14
15	TOTAL General Administration	225,919	16,184	619,069	861,172	42,665	903,837	15
16	TOTAL Operating Expense (Sum of lines 5, 9 and 15)	1,345,015	164,677	813,317	2,323,009	5,128	2,328,137	16
	Capital Expenses							
	D. Ownership							
17	Depreciation			2,739	2,739	99,748	102,487	17
18	Interest			2,853	2,853	224,623	227,476	18
19	Real Estate Taxes					103,826	103,826	19
20	Rent -- Facility and Grounds			579,700	579,700	(579,700)		20
21	Rent -- Equipment							21
22	Other (specify): Mortgage Insurance					27,109	27,109	22
23	TOTAL Ownership			585,292	585,292	(124,394)	460,898	23
24	GRAND TOTAL (Sum of lines 16 and 23)	1,345,015	164,677	1,398,609	2,908,301	(119,266)	2,789,035	24

Facility Name: FORT ARMSTRONG

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	-	\$ 29.46	1
2	Licensed Practical Nurses	4.00	26.94	2
3	Certified Nurse Assistants	9,783.00	14.97	3
4	Activity Director & Assistants	2.00	12.93	4
5	Social Service Workers			5
6	Head Cook	4.00	15.56	6
7	Cook Helpers/Assistants	6.00	11.36	7
8	Dishwashers			8
9	Maintenance Workers	2.00	20.43	9
10	Housekeepers	5.00	12.87	10
11	Laundry			11
12	Managers	1.00	42.86	12
13	Other Administrative			13
14	Clerical	2.00	20.67	14
15	Marketing	1.00	31.28	15
16	Other DON	1.00	34.14	16
17	Total (lines 1 thru 16)	9,811	\$	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
			###

OTHER RELATED BUSINESS ENTITIES

Name	3	City	4	Type of Business	5
MEDTAK LTD		CHICAGO		BOOKKEEPING	
MEDTAK LTD		CHICAGO		MANAGEMENT	
FORT ARMSTRONG REALTY LLC				PROPCO	

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	MEDTAK-MNGM FEES			\$ 238,260	1
2	MEDTAK-BOOKKEEPING			33,750	2
3					3
4					4
5					5
Total				\$ 272010	6

VI. (B) Management fees paid to unrelated parties

Amount of Fee

1		\$	1
2			2
Total		\$	3

Facility Name: FORT ARMSTRONG

Report Period Beginning:

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Ending:

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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			2003		\$ 1,000,000	\$ 36,364	27.5	\$ 36,364	\$	\$ 665,158	1
2			#								2
3											3
4											4
5											5
	Improvement Type										
6	RENOVATIONS				896,825	32,612	27.50	32,612		564,582	6
7	RENOVATIONS			2004	32,239	1,172	27.50	1,172		19,875	7
8	WOODWORK			2007	8,558	311	27.50	311		4,523	8
9	BOILER			2007	12,955	471	27.50	471		6,849	9
10	FIRE ALARM			2007	6,625	241	27.50	241		3,504	10
11	ROOF			2007	16,000	582	27.50	582		8,463	11
12	CARPET			2007	46,040		7.00			46,040	12
13	WALLPAPER			2007	2,096		7.00			2,096	13
14	A/C GENERATOR			2008	13,150	478	27.50	478		6,473	14
15	CARPET			2008	8,051					8,051	15
16	PARKING LOT			2009	9,072	605		605		7,562	16
17	TOTAL (lines 1 thru 16)				\$ 2,051,611	\$ 72,836		\$ 72,836	\$	\$ 1,343,176	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	\$ 99,748	\$ 6,851	\$ 5,026	(1,825)	5-10	\$ 991,653	18
19	Vehicles	58,040		11,608	11,608	5	40,628	19
20	TOTAL (lines 18 and 19)	\$ 157,788	\$ 6,851	\$ 16,634	9,783		\$ 1,032,281	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 & ID Number **FORT ARMSTRONG**

#

Report Period Beginning:

1/1/2021

Ending:

12/31/2021

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	Totals from Page 5, Carried Forward		\$ 2,051,611	\$ 72,836		\$ 72,836		\$ 1,343,176	1
2	CARPET TILE 9783	2009	35,692		5.00			35,692	2
3	RAILING,CROWN MOLDING, DOORS & FRAMES	2009	6,502	236	27.50	236		2,950	3
4	PLASTER & DRYWALL	2010	22,382	814	27.50	814		9,361	4
5	CARPET TILE	2010	4,984		5.00			4,984	5
6	BOILER	2011	5,911		5.00			5,911	6
7	CARPET & SIGNS	2011	12,395		5.00			12,395	7
8	NURSE CALL SYSTEM	2012	8,628		5.00			8,628	8
9	CARPET & WINDOW TREATMENTS	2012	11,897		5.00			11,897	9
10	CARPET & WINDOW TREATMENTS	2013	29,153		5.00			29,153	10
11	LANDSCAPING & SPRINKLERS	2013	19,439	1,296	15.00	1,296		11,016	11
12	BREAKROOM DRYWALL	2014	2,320	84	27.50	84		620	12
13	CONCRETE CURB	2014	2,049	75	27.50	75		553	13
14	BASEMENT	2014	9,350	340	27.50	340		2,423	14
15	CABLE WIRING	2015	3,217	117	27.50	117		804	15
16	MASONRY RESTORATION	2015	122,010	4,437	27.50	4,437		28,286	16
17	KITCHEN SPRINKLER	2015	4,600	167	27.50	167		1,051	17
18	HOT WATER TANKS	2015	14,730	536	27.50	536		3,506	18
19	COPING CAP	2015	5,400	196	27.50	196		1,217	19
20	ROOF	2017	34,727	1,263	27.50	1,263		5,841	20
21	ROOF	2019	27,969	1,017	27.50	1,017		2,839	21
22	BATHROOM REMODEL	2021	38,932	649	27.50	649		649	22
23	BEAUTY SALON-BUILD IN STYLE WASH STATIONS	2021 #	7,200	120	27.5	120		120	23
24	NEW REFRESHMENT STATION	2021	6,185	103	27.5	103		103	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)		\$ 2,487,283	\$ 84,286		\$ 84,286		\$ 1,523,175	34

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

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		8. Is movable equipment rental included in building rental?
		Year Constructed	Nun 9783 of Units	Date of Lease	Rental Amount	Total Yrs. of Lease	Total Years Renewal Option*		<input type="checkbox"/> YES <input type="checkbox"/> 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	Midland Loan Services		X	MORTGAGE	4/28/14	\$ 5,472,900	\$ 4,896,145	4/28/49	0.0455	\$ 224,623	1
2				BUS PURCHASE	10/29/18	58,040	23,897	10/29/23	0.0768	2,853	2
3					/ /			/ /			3
	Working Capital										
4					/ /			/ /			4
5				99748	/ /			/ /			5
6					/ /			/ /			6
7	TOTAL Facility Related					\$ 5,530,940	\$ 4,920,042			\$ 227,476	7
	B. Non-Facility Related										
8					/ /			/ /			8
9					/ /			/ /			9
10	TOTALS (lines 7, 8 and 9)					\$ 5,530,940	\$ 4,920,042			\$ 227,476	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: FORT ARMSTRONG

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	\$ 155,187	\$ 146,879	1
2	Cash-Patient Deposits			2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance)	# 1,414,495	1,414,495	3
4	Supply Inventory (priced at)			4
5	Short-Term Investments			5
6	Prepaid Insurance	95,598	126,768	6
7	Other Prepaid Expenses	587,195	587,195	7
8	Accounts Receivable (owners or related parties)	86,242	86,242	8
9	Other(specify): ESCROWS		746,827	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 2,338,717	\$ 3,108,406	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		387,740	13
14	Buildings, at Historical Cost		1,000,000	14
15	Leasehold Improvements, at Historical Cost	32,239	1,322,436	15
16	Equipment, at Historical Cost	69,897	1,254,856	16
17	Accumulated Depreciation (book methods)	(90,944)	(2,631,497)	17
18	Deferred Charges		62,091	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): SEC 754 BASIS ADJ	18,098	18,098	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$ 29,290	\$ 1,413,724	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 2,368,007	\$ 4,522,130	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 203,603	\$ 203,603	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits		86,242	28
29	Short-Term Notes Payable	23,897	115,872	29
30	Accrued Salaries Payable	50,242	50,242	30
31	Accrued Taxes Payable	4,439	110,439	31
32	Accrued Interest Payable		18,565	32
33	Deferred Compensation			33
34	Federal and State Income Taxes			34
	Other Current Liabilities(specify):			
35				35
36				36
37	TOTAL Current Liabilities (sum of lines 26 thru 36)	\$ 282,181	\$ 584,963	37
	D. Long-Term Liabilities			
38	Long-Term Notes Payable			38
39	Mortgage Payable		4,804,171	39
40	Bonds Payable			40
41	Deferred Compensation			41
	Other Long-Term Liabilities(specify):			
42				42
43				43
44	TOTAL Long-Term Liabilities (sum of lines 38 thru 43)	\$	\$ 4,804,171	44
45	TOTAL LIABILITIES (sum of lines 37 and 44)	\$ 282,181	\$ 5,389,134	45
46	TOTAL EQUITY	\$ 2,085,826	\$ (867,004)	46
47	TOTAL LIABILITIES AND EQUITY (sum of lines 45 and 46)	\$ 2,368,007	\$ 4,522,130	47

*(See instructions.)

Facility Name: FORT ARMSTRONG

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	\$ 3,043,903	1
2	Discounts and Allowances	(111,141)	2
3	SUBTOTAL Resident Care (line 1 minus line 2)	\$ 2,932,762	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		13
14	SUBTOTAL Non-Operating Revenue (sum of lines 12 and 13)	\$	14
	D. Other Revenue (specify):		
15	FOOD STAMPS	89,377	15
16	PPP LOAN FORGIVEN, ERTC, STIMULUS	948,851	16
17	SUBTOTAL Other Revenue (sum of lines 15 and 16)	\$ 1,038,228	17
18	TOTAL REVENUE (sum of lines 3, 11, 14 and 17)	\$ 3,970,990	18

2			
	II. Expenses	Amount	
	A. Operating Expenses		
19	General Services	826,315	19
20	Health Care/ Personal Care	635,522	20
21	General Administration	861,172	21
	B. Capital Expense		
22	Ownership	585,292	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)	\$ 2,908,301	28
29	Income Before Income Taxes (line 18 minus line 28)	\$ 1,062,689	29
30	Income Taxes	\$ 20,929	30
31	NET INCOME OR LOSS FOR THE YEAR (line 29 minus line 30)	\$ 1,041,760	31
	99748		
32	Medicaid - Net Inpatient Revenue	\$ 2,118,497	32
33	Private Pay - Net Inpatient Revenue	925,406	33
34	Medicare - Net Inpatient Revenue		34
35	Other-(specify)		35
36	Other-(specify)		36
37	TOTAL (This total must agree to Line 3)	\$ 3,043,903	37

FORT ARMSTRONG SUPPORTIVE LIVING
12/31/2021

PAGE 3 COLUMN 5 NOT ALLOWABLE EXPENSES

LINE 3	CABLE TV-RESIDENT ROOMS	(39,537)
LINE 11	ADVERTISING-YELLOW PAGES	(2,880)
LINE 17	STRAIGHT LINE DEPRECIATION	9,783

RELATED PARTY LANDLORD

LINE 20	RENT	(579,700)
LINE 2	REPAIR & MAINTENANCE	2,000
LINE 10	PROFESSIONAL FEES	15,663
LINE 13	INSURANCE-PROPERTY	29,882
LINE 17	DEPRECIATION	89,965
LINE 18	MORTGAGE INTEREST	224,623
LINE 19	REAL ESTATE TAXES	103,826
LINE 22	MORTGAGE INSURANCE	27,109
LINE 24	GRAND TOTAL	(119,266)